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PLACE OF DEATH	964
County Frederick.	OUE

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STATE OF	MARY	LAND
CERTIFICAT	E OF	DEATH

Registration	Dist.	No	134

Village or City State Sanatorium, (No. St.: Ward)

Fif death occurred la a hospital or institution. give its NAME lostead of street and number. 3

FULL NAME Peter Andrew. MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 16 DATE OF DEATH 6 SINGLE. 4 COLOR OR RACE 3 SEY 26th. 1913. MARRIED. WIDOWED, Married White Male (Write the word) I HEREBY CERTIFY. That I attended deceased from 6 DATE OF BIRTH 1913 to July 26th, 1913 Jul V 14th /868. that I last saw h im alive on July 26th 1913 (Month) (Day) (Year) if LESS than TAGE and that death occurred on the date stated above, at 5:15 A. m. 1 day hrs. The CAUSE OF DEATH \* was as follows: mos, 12 ds. OR ..... min. ? Pulmonary Tuberculosis: and BOCCUPATION (a) Trade, profession, or Laborer. Laryngeal Tuberculosis particular kind of work... (b) General nature of Industry, business, or establishment in (Duration) 2 yrs mos ds which employed (or employer) ... General Farm work. Contributory..... BIRTHPLACE (Secondary) (State or country) Maryland 10 NAME OF FATHER Peter Andrew July 26, 1913 (Address) State Sanato 1 BIRTHPLACE ARENT OF FATHER (State or country) Maryland \*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL. 12 MAIDEN NAME OF MOTHER Mary E. Buckler. 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS OR RECENT RESIDENTS) 13 BIRTHPLACE In the Lifetime. At place OF MOTHER (State or country) Marvland. of death \_\_\_\_ yrs. 4\_ mos. ... 7\_ ds. State ...... yrs, \_\_\_\_ mos. \_\_\_ ds. Where was disease contracted. 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE Probably at home. if not at place of death?... Former or Peter Andrew. Denton. Md. usual residence... Denton, Md. 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL (Address) ..... Unknown . 1913 Denton. Md. 15 20 UNDERTAKER ADDRESS M. L. Creager. Thurmont, Md. REGISTRAR

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

"Manager," "Dealer," etc., without more precise specicated thus: Farmer (retired 6 yrs.). CAUSING DEATH, state occupation at beginning of ill-Scrvant, Cook, Housemaid, etc. of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Houscwife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. fication, as Day laborer, Farm laborer, Laborer-Coal statement. it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry; and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question who have no occupation whatever, write None. been changed or given up on account of the DISEASE Gipcery; (a) Foreman, (b) Automobile factory. The first line will be sufficient, e. g., For many occupations a single word or term on the tion is very important, so that the relative Lealthful-(a) Spinner, (b) Cotton mill; (a) Salesman, naterial worked on may form part of the second Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman," If the occupation has Farmer or Planter, As examples: For persons

Statement of cause of death—Name, first, the disease cause of death—Name, first, the disease cause of death—Name, first, the disease to thine and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid denumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonacum, etc.. Carcin-

such, if impossible to determine definitely. mia," "PUERPERAL peritonitis," etc. childbirth or miscarriage, as "Purrperal scriichaeetc., when a definite disease can be ascertained as the inus," "Old Age," "Shock," "Uraemia," "Weakness," genital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse." "Coma," "Convulsions," "Debility" ("Conture of the American Medical Association.) cause of death approved by Committee on Nomencla. "Contributory." scpsis, tetanus) may be stated under the head injury, as fracture of skuil, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of haad-homicide; Poisoned Accidental drowning; Struck by railway train-accl-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. "H art failure," "Haemorrhage," "Inanition," "Marasthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As ample: Mcastes (disease causing death), 29 ds.: affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis nant ncopiasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for mailg oma. Surcoma. etc., of Bronchopncumonia (secondary), 10 ds. The contributory Always qualify all diseases resulting from (Recommendations on statement of (secondary or intercurrent) (name origin; "Can State cause for Never report Examples: For vio-

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

SEP 2 1918
BUREAU. V.S.

	PLACE OF DEATH \$641	STATE OF MARYLAND
	JR. Jarel	CERTIFICATE OF DEATH
C	ounty	141 EV
	2	Registration Dist. No.
٧	illage or Gity Sunswik (No.	St.; Ward) [if death occurred in a hospital or institution,
	0 - 1 / 60	give its NAME instead of street and nomber.
	FULL NAME UM FAMES	h Melling
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 5	EX 4 COLOR OR RACE 5 SINGLE,	16 DATE OF DEATH fully /6 1013
2	WIDOWED.	(Month) (Day) (Year)
//	had while (Write the word)	17 I HEREBY CERTIFY, That I attended deceased from
6 D	ATE OF BIRTH	
	111/1 403	
	(Month) (Day) (Year)	that I last saw halive on
7 A		and that death occurred on the date stated above, at 01 - 0 m.
	8	The CAUSE OF DEATH * was as follows:
80	CCUPATION	Wreenex in Franco
	) Trade, profession, or	***************************************
	rticular kind of work	
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	ich employed (or employer)	(Ouration) yrs. mos. ds.
9 8	IRTHPLACE tate or country)	(Secondary)
(0)	tate or country)	(Duration) yrs mos ds.
	10 NAME OF FATHER UTA 1 Bickett	(Signed) Com Way , M. D.
S		Joseph 1913 (Address) Brusewich
L	11 BIRTHPLACE OF FATHER (State or country)	
ARENT		*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDEN-
PAR	12 MAIDEN NAME OF MOTHER	TAL, SUICIDAL, OF HOMICIDAL.
О.	January Coma Laxoway	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)
	OF MOTHER (State or country)	At place In the of death yrs, mos, ds. State yrs, mos ds
14		of death yrs, mos, ds. State yrs, mos, ds.  Where was disease contracted.
147	THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	if not at place of death?
	(Informant) mo um & Brekelt	Former or
	Ball	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
	(Address). Canway	
15	100	Mhway 1 July 8, 191. 3
FII	ed rue / 191 3 400 / 7 CS	20 UNDERTAKER ADDRESS
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STATE OF MARYLAND

[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.). duties of the household only (not paid Housekeepers material worked on may form part of the second additional line is provided for the latter statement Physician, Compositor, Architect, Locomotive engineer, who have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of ili-Servant, Cook, Housemaid, etc. of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite saiary), may be entered as mine, etc. fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. Groccry; (a) Foreman, (b) Automobile factory. The (a) Spinner, it should be used only when needed. the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But in many first line will be sufficient, e. g., For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative lealthfulbeen changed or given up on account of the DISEASE Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman," (b) Cotton mill; (a) Salcsman, If the occupation has Farmer or Planter, As examples: For persons

Statement of cause of death—Name, first, the disease causing death—In affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonacum, etc., Carcin-

cause of death approved by Committee on Nomencia-"Contributory." sepsis, tetanus) injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. mia," "Puerferal peritonitis," etc. State cause for childbirth or miscarriage, as "Puterenal septicharetc., when a definite disease can be ascertained as the mus," "Oid Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse" "Coma," "Convuisions," "Debility" ("Con thenia," "Anaemia" (merely symptomatic), "Atrophy," ampie: Measles (disease causing death), 29 ds. affection need not be stated unless important. nant neoplasms); Measles; Whooping cough; Chronic ture of the American Medicai Association.) ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. valvular heart disease; Chronic interstitial nephritis ter" is less definite; avoid use of "Tumor" for malig oma. Surcoma. etc., of .. The contributory (secondary or intercurrent) Aiways qualify all diseases resulting from (Recommendations on statement of may be stated under the head (name origin; "Can Never report Examples: For vio-



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N. B.—Every Item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PLACE OF DEATH \$642	STATE OF MARYLAND
Village or City Cinowille (No.	CERTIFICATE OF DEATH  Registered No
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED, ORDIVORCED (Write the Word)  6 DATE OF BIRTH	16 DATE OF DEATH  (Month) (Day) (Year)  17 I HEREBY CERTIFY. That I attended deceased from 191
(Mohth) (Day) (Year  7 AGE   11 LESS 11 day,	that I last saw h
(a) Trade, profession, or particular kind of work.  (b) General nature of industry, business, or establishment in which employed (or employer)  9 BIRTHPLACE (State or country)  Manyland	(Duration) yrs. mos. ds.  Contributory (Secondary) (Duration) yrs. mos. ds.
OF AND OF FATHER U.M. M. Brightwell,  OF ATHER W.M. M. Brightwell,  OF ATHER OF TOWN M. Brightwell,	(Signed)
13 BIRTHPLACE OF MOTHER (State or country) Many Luclo.  14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  (Informant) Um. M. Brightwell	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS ON RECENT RESIDENTS) At place In the of death yrs. mos. ds. State yrs. mos. ds. Where was disease contracted, if oot at place of death?  Former or usual residence.
Fileduly 2/, 1912 Holf HEarn HEGISTRAN	Al. M. Wally

[Approved by U. S. Census and American Public Health
Association.]

who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). CAUSING DEATH, state occupation at beginning of illbeen changed or given up ou account of the disease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, gainfully employed, as At school or At home. Care duties of the household only (not pald Housekeepers it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an ness of various pursuits can be known. The question Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The (a) Spinner, (b) Cotton mill; (a) Salesman, essary to know (a) the kind of work and also (b) Civil engineer, Stationary freman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman," As examples: For persons (6)

Statement of cause of death—Name, first, the disease causing death—Name, first, the disease causing death—Name, first, the disease causing death and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever report "Typhold pneumonia"); Lodar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcin-

ture of the American Medical Association.) cause of death approved by Committee on Nomenclasepsis, tetanus) injury, as fracture of skull, and consequences (e. g., dent; Revolver wound of head-homicide; Poisoned such, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, or as probably LENT DEATHS state MEANS OF INJURY and qualify as mia," "Puerperal peritonitis," etc. State cause for childbirth or miscarriage, as "PUERPERAL Reptichaeinus," "Old Age," "Shock," "Uraemla," "Weakness," "Contributory." by carbolic acid-probably suicide. The nature of the Accidental drowning; Struck by railway train-acciwhich surgical operation was undertaken. For vioetc., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inaultion," "Maras-"Collapse." "Coma," "Convalsions," "Debility" ("Conthenla," "Anaemia" (nierely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asample: Measles (disease causing affection need not be stated unless important. nant neoplasms); Measles; Whooping cough; Chronic oma. Sarcoma. etc., of Bronchopneumonia (secondary), 10 ds. Never report valvular heart disease; Chronic interstitial nephritis is less definite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) Always qualify all diseases resulting from "Senile," etc.), may be stated under the head (Recommendations on statement of "Dropsy," "Exhaustion," (name origin; "Candeath), 29 Examples:



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REC	PHY	
WRITE PLAINLY, WITH UNFADING INA-IHIS IS A PERMANENT RECORD	Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS shou GAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OGGUPATION	
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1 PLACE OF DEATH STATE OF MARYLAND CERTIFICATE OF DEATH County Frederick Registration Dist. No. rederic Ilf death occurred to .....Ward) a hospital or institution. give its NAME instead of street and number. ] PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3 SEX 4 COLOR OR RACE 16 DATE OF DEATH MARRIED. WIDOWED, OROIVORCEO (Write the word) (Month) (Year) I HEREBY CERTIFY. That I attended deceased from DATE OF BIRTH uknow (Month) (Day (Year) TAGE If LESS than and that death occurred on the date stated above, f day, .....hrs. The CAUSE OF DEATH \* was as follows: OR ..... 7 BOCCUPATION (a) Trade, profession, or particular kind of work. (b) General nature of industry, business, or establishment in which employed (or employer) .. BIRTHPLACE Contributory Secondary (State or country) 10 NAME OF FATHER PARENTS 11 BIRTHPLACE (Address) OF FATHER (State or country) \*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, State (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, Or HOMICIDAL. 12 MAIDEN NAME OF MOTHER 16 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 13 BIRTHPLACE OF MOTHER (State or country) Af place of death ...... yrs. ..... mos. ..... ds. State ...... yrs. \_\_\_\_ mos. Where was disease contracted. if not af place of death?usual residence. 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL uly 30 1913 15 20 UNDERTAKER ADDRESS REGISTRAR If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

s. Grocery; (a) Foreman, (b) Automobile factory. (a) Spinner, should be taken to report specifically the occupations gainfully employed, as At school or At home. duties of the household only (not paid Housekeepers mine, etc. . Women at home, who are engaged in the fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. it should be used only when necded. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfulwho have no occupation whatever, write None. cated thus: CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as material worked on may form part of the second first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Never return Farmer (retired 6 yrs.) For persons (b) Cotton mill; (a) Salcsman, "Laborer," "Foreman," (a)

Statement of cause of death—Name, first, the disease causing death—the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculcis of lungs, meninges, peritonaeum, etc., Carcin-

nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of...... (name origin; "Canture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." sepsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For viomia," "PUERPERAL peritonitis," etc. childbirth or miscarriage as "Puerperal septichaccause. ctc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion, "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis. The contributory (secondary or intercurrent) Always qualify all diseases resulting from Measles (disease causing death), 29 ds.; (Recommendations on statement of State cause for Never report



Every Item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSIGIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. RECORD WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT BINDING FOR RESERVED MARGIN

N. B.

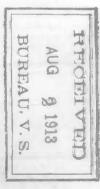
County Historick	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. 139
Village or City Near Hofulle (No. 2 FULL NAME Jame & Bur	St; Ward)  [If death occurred in a hospital or institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Hemale While on Diversed (Write the word)	16 DATE OF DEATH  (Month) (Day) (Year)  17 I HEREBY CERTIFY, That I attended deceased from
6 DATE OF BIRTH  (Month)  (Day)  (Year)	that I last saw h alive on 191
TAGE  If LESS than 1 day,hrs. ORmin.?  Coccupation (a) Trade, profession, or particular kind of work.  Aussewife	and that death occurred on the date stated above, at m, The CAUSE OF DEATH* was as follows:  Office of the control of the cause of the
(b) General nature of Industry, business, or establishment in which employed (or employer)  BIRTHPLACE (State or country)  Marsland	(Duration) yrs. mos ds.  Contributory (Secondary)
10 NAME OF FATHER Samuel Favorite  11 BIRTHPLACE OF FATHER Maryland  (State or country)  12 MAIDEN NAME MC, Meaning	(Signed)
of Mother My, Megnins  13 BIRTHPLACE OF MOTHER (State or country)  14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant)  14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)  At place In the of death yrs, mos, ds. State yrs, mos, ds  Where was disease contracted, If not at place of death?  Former or usual residence
Filed July 1913 Physical Registran 6 E	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL  20 UNDERTAKER  ADDRESS  MS Coree ger Thursman

[Approved by U. S. Census and American Public Health Association.]

who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. duties of the household only (not paid Housekeepers cases, especially in industrial employments, it is nec-Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. niaterial worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. (a) Spinner, (b) Cotton mill; (a) Salesman, (b) It should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be Indi-Women at home, who are engaged in the Never return "Laborer," As examples: For persons "Foreman,"

Statement of cause of death—Name, first, the disease causing death—Name, first, the disease causing death—Name, first, the disease causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid disease); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcinosis of lungs, meninges, peritonaeum, etc.. Carcinosis

ture of the American Medical Association.) cause of death approved by Committee on Nomenclainjury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned such, if impossible to determine definitely. LENT DEATHS state MEANS OF INJURY and qualify as childbirth or miscarriage, as "Puerperal septichae etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Maras genital," thenia," "Anaemia" (merely symptomatic), "Atrophy," ample: Meastes (disease causing death), 29 ds.; "Contributory." Accidental drowning; Struck by railway train-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably which surgical operation was undertaken. mia," "PUERPERAL peritonitis," etc. "Collapse." "Coma," "Convulsions," "Debility" ("Conmere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis. nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for malig oma. Sarcoma. etc., of ... The contributory (secondary or intercurrent) tetanus) may be stated under the head Always qualify all diseases resulting from "Senile," etc.), "Dropsy," "Exhaustion," (Recommendations on statement of (name origin; "Can State cause for Never report Examples:



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WRITE

RECORD

STATE OF MARYLAND 9645 Yery CERTIFICATE OF DEATH County SICIANS should occupation is Registered No Ilf death occurred in PHYSICIANS .Ward) a hospital or institution. give its NAME instead of street and number. I PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 16 DATE OF DEATH 5 SINGLE, 3 SEX 4 COLOR OR BACE WINDWED, WINDWED, ORDHVORCED Write the word) (Month) (Day) That I attended deceased from 6 DATE OF BIRTH (Month) (Day) (Year) If LESS than 7 AGE and that death occurred on the date stated above. 1 day, .....hrs. OR ..... min. ? 8 OCCUPATION proper (a) Trade, profession, or particular kind of work. (b) Senaral nature of Industry, business, or establishment in (Durafico) may which employed (or employer) ..... Contributor (Secondary) certificate. 9 BIRTHPLACE (State or country) that 10 NAME OF (Signed) FATHER 10 , 191 ... (Address) terms, n back 11 BIRTHPLACE Z OF FATHER (State or country) \*Skate the DISEASE CAUSING DEATH, or, In deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDEN-121 PARI TAL, SUICIDAL, OF HOMICIDAL. 12 MAIDEN NAME OF MOTHER ITH in plair 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 13 BIRTHPLACE Af place in the OF MOTHER of death ...... yrs. ..... mos. ...... ds. State yrs. Where was disease confracted. KNOWLEDGE If not at place of death? 0 Item usual residence. mportant. Every Its 19 PLACE OF BURIAL OR DATE OF BURIAL (Address) 15 20 UNDERTAKER ADDRESS m REGISTRAR If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health
Association.]

Grocery; (a) Foreman, (b) Automobile factory. duties of the household only (not paid Housekeepers "Manager," "Dealer," etc., without more precise specistatement. the nature of the business or industry, and therefore an applies to each and every person, irrespective of age. tion is very important, so that the relative healthfulwho have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). For persons CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. fication, as Day laborer, Farm laborer, Laborermaterial worked on may form part of the second (a) Spinner, (b) Cotton mill; (a) Salesman, (b) it should be used only when needed. additional line is provided for the latter statement; essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the ness of various pursuits can be known. The question Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," As examples: "Foreman,"

Statement of cause of death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphiheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc., Carcin-

such, if impossible to determine definitely. mia," "PUERPERAL peritonitis," etc. State cause for etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," ample: Measles (disease causing cause of death approved by Committee on Nomenclasepsis, tetanus) may be stated under the head injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. dent; Revolver wound of head-homicide; Polsoned Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. childbirth or miscarriage, as "PUERPERAL septichae-"Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis. nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligoma. Sarcoma. etc., of . ture of the American Medical Association.) "Contributory." The contributory (secondary or intercurrent) Always qualify all diseases resulting from "Senile," etc.), "Dropsy," (Recommendations on statement of (name origin; "Can-The nature of the death), 29 "Exhaustion," Examples: For vio-



WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD FOR BINDING MARGIN RESERVED

Co	unty Seserces \$646	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist, No
Vil	lage or City(No	Ward) [If death occur a hospital or linst give its NAME i of street and num
_	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
35	Cale Color or race 5 single, 7 400 Married, Widowed, Ordivorced (Write the word)	(Month) (Day (X
	ATE OF BIRTH  Out (Month) (Day (Year)	that I last saw have alive on July
7 A	yrs 8 ds.   1 day,hrs.   ORmin. ?	and that death occurred on the date stated above, at
(a pa (b) bus	CCUPATION  ) Trade, protession, or  irricular kind of work	Convulsion (Duration) yrs. mos.
64.11	numbre / or ambiole /	0
	(State or country) Belevier md	Contributory Secondary (Duration) yrs mos.
9 B	10 NAME OF William Chambers  11 BIRTHPLACE  11 BIRTHPLACE	Secondary
9 B	10 NAME OF FATHER William Chambero	(Signed) (Duration) yrs mos.  (Signed) (Signed) (Address) Frederica (Signed) (Signed) (Address) Frederica (Signed) (Sign
PARENTS	10 NAME OF Milliam Cohambero  11 BIRTHPLACE OF FATHER Milliam Cohambero  11 BIRTHPLACE OF FATHER (State or country) Frederick, Ind  12 MAIDEN NAME Mayis Cohambero  13 BIRTHPLACE OF MOTHER (State or country) Frederick, Ind	(Signed) (Signed) (Signed) (Signed) (Signed) (Address) Frederica (Signed) (
PARENTS	10 NAME OF William Chambero  11 BIRTHPLACE OF FATHER William Chambero  12 MAIDEN NAME OF MOTHER Mayis Chambero  13 BIRTHPLACE	(Signed) (Signed) (Signed) (Signed) (Signed) (Signed) (Address) Frederick (Signed) (

[Approved by U. S. Census and American Public Health Association.]

Mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal who have no occupation whatever, write None. cated thus: CAUSINO DEATH, state occupation at beginning of illshould be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not duties of the household only (not paid Housekeepers "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) Physician, Compositor, Architect, Locomotive been changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as who receive a definite salary), may be entered as (a) Spinner, (b) Cotton mill; (a) Salesman, additional line is provided for the latter statement; cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never Farmer (retired 6 yrs.) For persons return "Laborer," As examples: "Foreman," engineer. (4)

pneumonia"); fever (the only definite synonym is "Epidemic cerelesis of lungs, meninges, peritonaeum, etc., "Croup";) brosplnal meningitis"); Diphtheria (avoid use of term for the same disease. Examples: Cercbrospinat time and causatiou), using always the same accepted causing dearn (the primary affection with respect to ("Pneumonia," Statement of cause of death-Name, first, the DISEASE Typhoid Lobar pueumonia; Bronchopneumonia unqualified, is indefinite): Tubereufever (never report "Typhoid Carcin-

> cause of death approved by Committee on Nomencla-"Coutributory." scpsis, tctanus) may be stated nnder the head of such, if impossible to determine definitely. Examples: mia," "Puerperal peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichacetc., when a defiuite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," geuital," "Senile," etc.), "Dropsy," "Collapse," "Coma," valvular heart disease; Chronic interstitial nephritis, naut neoplasms); Measles; Whooping cough; Chronic oma, Sarcoma, etc., of...... (name origin; "Canture of the American Medical Association.) injury, as fracture of skull, and consequences (e. g., by earbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. "Heart failure," "Hacmorrhage," "Inanition," "Marasthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asaffection need not be stated unless important. Bronchopneumonia is less definite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) Always qualify all diseases resulting from Meastes (disease causing death), 29 ds.; (Recommendations on statement of (secondary), 10 ds. "Convulsions," "Debility" ("Con-"Exhaustion," Never report For vio-

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

AUG 5 1913
BUREAU, V.S.

RECORD

PERMANENT

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PLAINLY

WRITE

1 PLACE OF DEATH state Very 3647 PHYSICIANS should of OCCUPATION IS PERSONAL AND STATISTICAL PARTICULARS statemen EXACTLY. 5 SINGLE. 4 COLOR OR RACE MARRIED, WIDOWED, ORDIVORCED (Write the word) 6 DATE OF BIRTH classifled. (Month) (Day) 7 AGE If LESS than should t day ..... hrs. OR ..... min. ? properly AGE BOCCUPATION (a) Trade, profession, or particular kind of work..... supplied. (b) General nature of industry, business, or establishment in which employed (or employer) ..... that it me 9 BIRTHPLACE (State or country) carefully 10 NAME OF FATHER 0 be back 11 BIRTHPLACE terms, ARENT OF FATHER/
(State or country) should 6 12 MAIDEN NAME piain Instructions information 0 13 BIRTHPLACE OF MOTHER (State or country) 드 of infor 14 THE ABOVE ISTRU KNOWLEDGE CAUSE OF Important. (Intermant) (Address) 15 Filed. 10 REGISTRAR Z If more blanks are needed, address State Regis trar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

(Year)

#### STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No

ADDRESS

St.;....Ward)

[If death occurred in a hospital or institution. give its NAME instead

	MEDICAL O	CERTIFICATE	OF DEATH	
16 DATE OF	DEATH	July	(Day	, 1913
17 ma	1 HEREBY	CERTIFY, Th	at I attended a	
	wheel ally		Ay 5	1913
	th occurred on OF DEATH* v			8 / ~ m
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(Signed)	P7.	Hau	yrs.	dsds.
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At place of death Where was disc	OF RESIDENCE T RESIDENTS)  yrs mos iase contracted, of death?	In th		

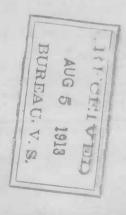
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[Approved by U. S. Census and American Public Health
Association.]

statement. cated thus: Farmer (retired 6 yrs.). For persons CAUSING DEATH, state occupation at beginning of Illof persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care duties of the household only (not paid Housekeepers "Manager," "Dealer," etc., without more precise speciadditional line is provided for the latter statement; the nature of the business or Indust y, and therefore an cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many applies to each and every person, Irrespective of age. who have no occupation whatever, write None. been changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has Housewife, Housework, or At Home, and children, not who receive a definite saiary), may be entered as minc, etc. fication, as Day laborer, Farm laborer, Laborer-Coal material worked on may form part of the second Groeery; (a) Foreman, (b) Automobile factory. (a) Spinner, (b) Cotton mill; (a) Salcsman, It should be used only when needed. essary to know (a) the kind of work and also (b) Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman," As examples:

Statement of cause of death—Name, first, the disease causing death—the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhold dneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc... Carcin-

ture of the American Medical Association.) cause of death approved by Committee on Nomencla scpsis, tctanus) may be stated under the head injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Polsoned Accidental drowning; Struck by railway train—accisuch, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. mia," "PUERPERAL peritonitis," etc. State cause for childbirth or miscarriage. as "Purperal septichaecause. Always qualify all diseases resulting from etc., when a definite disease can be ascertained as the -Figart failure," "Haemorrhage," "Inanition," "Maras "Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," Bronchopneumonia (secondary), 10 ds. Never report ample: Meastes (disease causing death), 29 ds.: affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronic oma. Sarcoma. etc., of ... "Contributory." mere symptoms or terminal conditions, such as "Asis less definite; avoid use of "Tumor" for malig The contributory (secondary or intercurrent) 'Old Age," "Shock," "Senile," etc.), (Recommendations on statement of "Dropsy," "Exhaustlon," 'Uraemia," "Weakness," \_\_ (name origin; "Can Examples: 0



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CAUSE	OF	DE	ATH	ri F	plain	terms	. 80	that fi	may	pe	properly	classi	fled.	Exact	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OC	0.
important. See instructions on back of certificate.	ıt.	See	Ins	truc	tions	on bac	sk of	certific	ate.							

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¹ PLA	GE OF DEATH	9648
CountyE3	rederick	

Village or City State Sanatorium (No.

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.

....St.;.....Ward)

[If death occurred in a hospital or Institution. give its NAME Instead of street and number. 1

Thurmont. Md.

John A. Coffey FULL NAME MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 16 DATE OF DEATH 5 SINGLE. 4 COLOR OR RACE 3 SEX MARRIED. July 3rd. 1913. widowed, ondivorchingle (Write the word) White Male I HEREBY CERTIFY. That I attended deceased from 6 DATE OF BIRTH Oct. 31st., 191 2, 10 July 3rd., 191 3 11th. January. that I last saw him allve on July 3rd. 1913. (Month) (Day) (Year) 7 AGE If LESS than and that death occurred on the date stated above, at 10:308 m. f day .....hrs. The CAUSE OF DEATH \* was as follows: 27 yrs. 5 mos. 21 OR ..... min. ? Pulmonary Tuberculosis BOCCUPATION Tuberculous Laryngitis. (a) Trade, profession, or Salesman particular kind of work... (b) General nature of industry. business, or establishment in (Ouration) 3 (?) rs. mos. which employed (or employer) ... Traveling Contributory ..... 9 BIRTHPLACE (State or country) (Secondary) Maryland 10 NAME OF FATHER (Signed).... John Coffey (Apress) State Sanatorium, Md ENTS 11 BIRTHPLACE OF FATHER (State or country) Ireland \*State the DISEASE CAUSING DEATH, or, in deaths from VOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. AR 12 MAIDEN NAME OF MOTHER Elizabeth Mullen 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS OR RECENT RESIDENTS) 13 BIRTHPLACE At place State Lifetime Mos. OF MOTHER of death ...... yrs. 8 .... mos. 3 .... ds. Ireland Where was disease contracted Probably at work. 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) John A. Coffey. usual residence Mt. Hope Md. 19 PLACE OF BURIAL OR REMOVAL (Address) Mt. Hope Md. DATE OF BURIAL Mt. Hope, Md. Unknown 1913 15 20 UNDERTAKER ADDRESS

REGISTRAR

more blanks are needed, address State Regis trar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

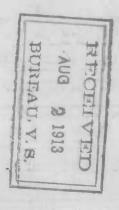
M. L. Craeger

[Approved by U. S. Census and American Public Health
Association.]

it should be used only when needed. As examples:
(a) Spinner, (b) Cotton mill; (a) Salesman, (b) additional line is provided for the latter statement; the nature of the business or indust, y; and therefore an cases, especially in industrial employments, it is neccated thus: Farmer (retired 6 yrs.).. CAUSING DEATH, state occupation at beginning of illof persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care duties of the household only (not paid Housekeepers fleation, as Day laborer, Farm laborer, Laborer—Coal "Manager," "Dealer," etc., without more precise specimaterial worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. Physician, Compositor, Architect, Locomotive engineer, who have no occupation whatever, write None. been changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. statement. essary to know (a) the kind of work and also (b) Civil engineer, Stationary freman, etc. But ln many first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman," For persons

Statement of cause of death—Name, first, the disease causing death—Name, first, the disease causing death—Name affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerchrospinal fever (the only definite synonym is "Epidemic cerchrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid dneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is, indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcin-

such, if impossible to determine definitely. mia," "PUERPERAL peritonitis," etc. State cause for childbirth or miscarriage. as "Puerperal schtichaecause. Always qualify all diseases resulting from mus," "Old Age," "Shock." 'Traemla," "Weakness," genltal," "Senile," etc.), thenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse." "Coma," "Convulsions," "Debility" ("Conture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." sepsis, tetanus) injury, as fracture of skull, and consequences (e. g., by earbolic acid-probably suicide. The nature of the dent; Revolver wound of had-homicide; Potsoned Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, or as probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. For vioetc., when a definite disease can be ascertained as the mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report ample: Measles (disease causing death), 29 ds.: affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronic ter" is less definite; avoid use of "Tumor" for mally oma. Sarcoma. etc., of .. "Heart fallure," "Haemorrhage," "Inanitlon," "Maras-The contributory (Recommendations on statement of may be stated under the head (secondary or intercurrent) "Dropsy," "Exhaustion," (name origin; "Can-Examples:



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WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT REC	Every Item of information should be carefully supplied. AGE should be stated EXACTLY. PHYS CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of O important. See instructions on back of certificate.
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County Frederick.

9649

Village or CityState Sanatorium (No.

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.

St.; Ward)

[If death occurred in a hospital or institution, give its NAME instead of street and number.]

Charles Edward Conner FULL NAME

	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 5 5	Male White Single,  White Whowen, Single  White word	July 21st., 1913.  (Month) (Day) (Year)
6 D	July 14th., 1882	
(=)	GE If LESS the state of the sta	and that death occurred on the date stated above, at. 3:15p.m,
pai (b)	of traveling-salsman General nature of industry, Siness, or establishment in Sich employed (or employer) Arlington Rubber Co.	(Duration) 2 (3rs). mos ds.
9 BI	IRTHPLACE (tate or country)  Maryland	(Secondary)  (Qaralley)  yrs. mos. ds.
S	10 NAME OF FATHER Willim C. Copper	July 21st913 (Address State Sanatorium N
ARENT	of FATHER (State or country) Maryland	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
PAI	of Mother Mary E. Marshall  13 BIRTHPLACE OF MOTHER (State or country) Maryland	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)  At place * yrs. 2. mos. 26. ds. State yrs. mos. ds
(informant) Wm. C. Copper's		Where was disease contracted, If not at place of death?  Former or usual residence 3612 Mt.Pleasant Ave. Balto
15	(Address) 3612 Mt.Pleasant Ave.,  Baltimore Md.	Baltimore City Date of Burial Unknown 1910.
	led 11122, 1913 De Stand	20 UNDERTAKER ADDRESS M. LCraeger Thurmont, Md.

[Approved by U. S. Census and American Public Health
Association.]

statement. "Manager," "Dealer," etc., without more precise specimaterial worked on may form part of the second lt should be used only when needed. As examples:
(a) Spinner, (b) Cotton mill; (a) Salesman, (b) the nature of the business or Industy; and therefore an who have no occupation whatever, write None cated thus: Farmer (retired 6 yrs.). CAUSING DEATH, state occupation at beginning of iiibeen changed or given up on account of the nisease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite saiary), may be entered as duties of the household only (not paid Housekeepers mine, etc. fleation, as Day laborer, Farm laborer, Laborer-Coal Groccry; (a) Foreman, (b) Automobile factory. additional line is provided for the latter statement; essary to know (a) the kind of work and also (b) cases, especially in Industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman," For persons

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Theumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc... Carcin-

such, if impossible to determine definitely. childblrth or miscarriage. as "Purrperal scptichaegenital," "Senile," etc.), "Dropsy," "Exhaustion," thenia," "Anaemia" (mereiy samptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Ass ample: Measles (disease causing death), 29 ds. dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably such, if impossible to determine definitely. Examples: LENT nEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For viomia," "PUERPERAL peritonitis," etc. cause. Always qualify all discases resulting from etc., when a definite disease can be ascertained as the mus," "Old Age." "Shock." "Traemia," "Weakness," "Collapse." "Coma," "Convuisions," "Debility" ("Conaffection need not be stated unless important. mant neoplasms); Measles; Whooping cough; Chronic oma. Sarcoma. etc., of .. cause of death approved by Committee on Nomencla scpsis, tetanus) injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the Bronchopneumonia (secondary), 19 ds. Never report valvular heart disease; Chronic interstitial nephritis ture of the American Medical Association.) "Contributory." "Hart fallure," "Haemorrhage," "Inanition," "Marasis iess definite; avoid use of "Tumor" for mails The contributory (Recommendations on statement of may be stated under (secondary or intercurrent (name origin; "Can-State cause for the head of



	PLACE OF DEATH	STATE OF MARYLAND
	Frederick S650	CERTIFICATE OF DEATH 140
Go	ounty Vietaries (	Registration Dist. No.
	Mew My Sway	I'll death occurred in
V	illage or City (No	St.; Ward) a hospital or Institution,
	60 \$ (0	give its NAME instead of street and pumber.]
	FULL NAME CLAOTA Su	saw cramer
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SE	X 4 COLOR OR RACE 5 SINGLE,	18 DATE OF DEATH Will 14 1013
7	WIDOWED, Sture	(Month) (Day) (Year)
Te	male (Write the word)	17 I HEREBY CERTIFY, That I attended deceased from
6 D	ATE OF BIRTH	June 1, 1915 to July 14, 1913,
	(Month) (Day) (Year)	that I last saw her alive on July 14 1913
7 AC	V	10000
	1 day,hrs.	and that death occurred on the date stated above, at 400 m, The CAUSE OF DEATH* was as follows:
	O yrs. o mos. / ds. OR min.?	THE GROSE OF BEATH & Was as follows:
	CCUPATION Frade, profession, or	Marasmus
	ticular kind of work.	***
	General nature of Industry, ness, or establishment in	7
	ch employed (or employer)	(Duration) yrs omes ds.
9 B!	RTHPLACE (ate or country) Mayor On A	(Secondary)
	That perce	(Deration) yrs mos 10 ds.
	10 NAME OF ALL A PROPERTY OF THE PROPERTY OF T	(Signed) forward. Diller M.D.
10	Merbert L. camer	V1 11/ 4 X11= 1001
RENTS	11 BIRTHPLACE OF FATHER (State or country)  Murylon  (State or country)	
R	12 MAIDEN NAME O	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
PAI	OF MOTHER Cultora Smith	
	13 BIRTHPLACE 5	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)  At place  In the
	OF MOTHER (State or country)	of death yrs mos ds. State yrs mos ds.
14 <sub>T</sub>	HE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, If not at place of death?
	Informant) Mrs Herbert L. Cramos	Former or
1	M. M. To San	usual residence.
	(Address) Med Mudway Mu.	19 BLACE OF BURIAL OR REMOVAL DATE OF BURIAL
15	1. SP 6	Hade Cemelery July 6, 1913.
File		20 UNDERTAKER ADDRESS
	REGISTRAR	Maretto & Howell Spoodsbord
1	in more manks are needed, address State Registra	r, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.). CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Scrvant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. duties of the household only (not paid Housekeepers "Manager," "Dealer," etc., without more precise speci-Grocory; (a) Foreman, (b) Automobile factory. it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an cases, especially in industrial employments, it is necfirst line will be sufficient, e. g., Farmer or Planter, who have no occupation whatever, write None. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as fication, as Day laborer, Farm laborer, Laborer-Coal statement. material worked on may form part of the second essary to know (a) the kind of work and also (b) Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. (a) Spinner, tion is very important, so that the relative mealthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never (b) Cotton mill; (a) Salcsman, return "Laborer," The question For persons "Foreman," (6)

Statement of cause of death—Name, first, the disease causing death—Name, first, the disease causing death—Name, first, the description with respect to time and causation), using always the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcinosis of lungs, meninges, peritonaeum, etc..

such, if impossible to determine definitely. Examples: mia," "PUERPERAL peritonitis," etc. State cause for childbirth or miscarriage, as "Puerperal septichaeture of the American Medical Association. cause of death approved by Committee on Nomenciainjury, as fracture of skuil, and consequences (e. g., ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Maras-"Contributory." sepsis, tetanus) by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acciwhich surgical operation was undertaken. For vio-"Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report ample: Measles (disease causing affection need not be stated unless important. valvular heart disease; Ohronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronic oma. Sarcoma. etc., of ... ter" is less definite; avoid use of "Tumor" for mally-The contributory Always qualify all diseases resulting from "Senile," etc.), "Dropsy," "Exhaustion," may be stated under the head (Recommendations on statement of (secondary or intercurrent) (name origin; "Candeath), 29 ds.;

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

BUREAU, V.S.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in pigin terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD MARGIN RESERVED FOR BINDING. V. S. No. 1.

PLACE OF DEATH	STATE OF MARYLAND
County Frederick \$651	CERTIFICATE OF DEATH
Way of the same	Registration Dist. No. / 4
Village or City Contville, (No	St.; Ward) [If death occurred in a hospital or institution,
0.0 41 11	give its NAME lostead of street and number.]
FULL NAME AME	Mylane
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Inde, Had Single, Married, Wisower, Married (Write the word)	16 DATE OF DEATH  (Month)  (Day)  (Year)  17  I HEREBY CERTIFY, That I attended deceased from
G DATE OF BIRTH Quy, 3,185-2	that I last saw he ally on and when I arreved
(Monch) (Day) (Year)  AGE   If LESS than	and that death occurred on the date stated above, at /0,30 Qm.
7/1 // / 1 day,hrs.	The CAUSE OF DEATH* was as follows:
B OCCUPATION (a) Trade, profession, pr particular kind of work.	Angina Peteris
(b) General nature of industry, business, or establishment in which employed (or employer)  BIRTHPLACE (State or country)	Contributory Age, Exerting - Shorts
10 NAME OF Jan Delefafam.	(Signed) (Duration) yrs mos ds.
OFFATHER  (State or country)  12 MAIDEN NAME  (State or country)  (State or country)  (State or country)	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
OF MOTHER OF STATE OF MOTHER (State or country)	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)  At place In the of death yrs, mos ds.
Information of the Best of MY KNOWLEDGE	Where was disease contracted, if not at place of death?  Fermer nr usual residence
(Address Intulville Ing	19 PLACE OF BURIAN OR REMOVAL DATE OF BURIAL
Filed Lely 22, 1913 2, C. Bowell REGISTRAR	20 UNDERTAKED ADDRESS  M. L. CASUSES. Thermout
If more blanks are needed, address State Registra	r, 6 E. Franklin St., Balto, Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

-statement. "Manager," "Dealer," etc., without more precise specithe nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples:

(a) Spinner, (b) Cotton mill; (a) Salesman, (b) applies to each and every person, irrespective of age cated thus: Farmer (retired 6 yrs.). CAUSING DEATH, state occupation at heginning of iliof persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. duties of the household only (not paid Housekeepers Grocery; (a) Foreman, (b) Automobile factory. Civil engineer, Stationary freman, etc. But in many first line will he sufficient, e. g., For many occupations a single word or term on the ness of various pursuits can be known. The question tion is very important, so that the relative Realthfui-Servant, Cook, Housemaid, etc. If the occupation has Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. fication, as Day laborer, Farm laborer, Laborer-Coal material worked on may form part of the second essary to know (a)s the kind of work and also (b) cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, who have no occupation whatever, write None. been changed or given up on account of the DISEASE Statement of occupation-Precise statement of occupa If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman," Farmer or Planter, For persons

Statement of cause of death—Name, first, the DIREASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, pertionaeum, etc.. Carcinossis of lungs, meninges, pertionaeum, etc.. Carcinoscip

sepsis, tetanus) may be stated under the head dent; Revolver wound of head-homicide; Poisoned such, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably which surgical operation was undertaken. mia," "PUERPERAL peritonitis," etc. childbirth or miscarriage, as "PUERPERAL septichaccause. Always qualify all diseases resulting from etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," genital," "Senile," etc.), "Dropsy," "Collapse." "Coma," "Convulsions," "Debility" ("Conample: Meastes (disease causing death), 29 de.; affection need not he stated unless important. valvular heart disease; Chronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronic ver" is less definite; avoid use of "Tumor" for maligoma. Sarcoma. etc., of . ture of the American Medical Association.) cause of death approved by Committee on Nomencla "Contributory." injury, as fracture of skuil, and consequences (e. g., by carbolic acid-probably suicide. The nature of the Accidental drowning; Struck by railway train-acci-LENT DEATHS State MEANS OF INJURY and qualify as -Hart fallure," "Haemorrhage," "Inanition," "Marasthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopncumonia (secondary), 10 ds. Never report The contributory (secondary or intercurrent) (Recommendations on statement of (name origin; "Can-State cause for "Exhaustion," Examples: For vio-



	state
	should should
ECORD	HYSICIANS of OCCUPAT
WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD	Every Item of Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.
A PE	be stated fled. Exa
THIS IS	should rly classi
INK	ed. AGE
ADING	ily suppli it may licate.
H UNE	be carefu so that
LY. WIT	should in terms,
PLAIN	ormation H in pla
WRITE	Every Item of Information should be carefully sur CAUSE OF DEATH in plain terms, so that it ma important. See instructions on back of certificate.
No. 1.	Every Ite CAUSE Importan

1	PLACE	OF	DEATH	
	7			

County Judench

9652

#### STATE OF MARYLAND CERTIFICATE OF DEATH

Registration		1.3	X
Registration	Dist.	No.	0

St.;Ward)	[If death occurred a hospital or Institute give Its NAME Inste

Thiags of City	*******************************	(No,	
	1 .	2	
FULL NAME	Caloru	O. Dors	ey
			-

	* FULL NAME Caloni E. Dors	ey	give its NAME instead e1 street and number.]
=	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE	OF DEATH
3 \$	Male Black Single, WIDOWED, Single Male Black Oppivorced (Write the word)	16 DATE OF DEATH (Month)  17 I HEREBY CERTIFY, That	28, 1913 (Day) (Year)
6 [	Mach 28, 1913  (Month) (Day) (Year)	that I last saw h Lim alive on July	28, 1913., 27.7, 1913.
7 A	GE   If LESS than 1 day,hrs.   ORmin. ?	and that death occurred on the date state The CAUSE OF DEATH* was as follows:	
(8	OCCUPATION I) Trade, profession, or More Articular kind of work	Entero-Colitis	
bus	) General nature of Industry, siness, or establishment in 2006 sich employed (or employer)	(Duration)	yrs.,mos,ds.
9 8	HRTHPLACE State or country) Many Land	(Secondary) (Duration) yrs mos ds	
10 NAME OF Printed Dorsey		(Signed) N. N. Hopku	חש
ENTS	11 BIRTHPLACE OF FATHER (State or country)	*State the DISEASE CAUSING DEATH, or CAUSES, state (1) MEANS OF INJURY; and	in deaths from Vrovens
PAR	12 MAIDEN NAME Scrothy Darry	TAL, SUICIDAL, OF HOMICIDAL.	
	13 BIRTHPLACE OF MOTHER (State or country)  MA	At place In the of death yrs ds. State	
14-	(Informant) Many Dursy (	Where was disease contracted, If not at place of death? Former or	0
15	(Address). New Market, Ma	19 PLACE OF BURIAL OR REMOVAL  A Series on Den Red	July 30, 191/3
FI	100 July 29 th 1913 Les It Vay cor	20 UNDERTAKER	ADDRESS A

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

· gainfully employed, as At school or At home. CAUSING DEATH, state occupation at beginning of illfication, as Day laborer, Farm laborer, Laborer-Coal Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers "Manager," "Dealer," etc., without more precise specicated thus: Farmer (retired 6 yrs.). been changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. of persons engaged in domestic service for wages, as should be taken to report specifically the occupations material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. additional line is provided for the latter statement; Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. tion is very important, so that the relative healthfulwho have no occupation whatever, write None. mine, etc. statement. (a) Spinner, (b) Cotton mill; (a) Salesman, it should be used only when needed. the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But in many For many occupations a single word or term on the ness of various pursuits can be known. The question Statement of occupation-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," -Precise statement of occupa-If the occupation has As examples: For persons "Foreman," (4)

Statement of cause of death—Name, first, the disease causing death—Name, first, the disease causing death—Name, first, the disease causation), using always the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcinosis of lungs, meninges, peritonaeum, etc.. Carcinosis

such, if impossible to determine definitely. mia," "PUERPERAL pcritonitis," etc. childbirth or miscarriage, as "Purperal septichacetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," genital," "Senile," etc.), "Dropsy," "Exhaustion," cause of death approved by Committee on Nomenclasepsis, tetanus) injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Potsoned Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As ample: Measics (disease causing death), 29 ds.: affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronic ver" is icss definite; avoid use of "Tumor" for mails ture of the American Medical Association.) "Contributory." Bronchopncumonia (secondary), 10 ds. oma. Surcoma. etc., of ... The contributory (secondary or Intercurrent) Always qualify all diseases resulting from may be stated under the head of (Recommendations on statement of (name origin; "Can State cause for Never report Examples: For vio-



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state

PHYSICIANS should of OCCUPATION IS RECORD AND STATISTICAL PARTICULARS statement PERSONAL PERMANENT EXACTLY. 5 SINGLE, 3 SEX 4 COLOR OR RACE MARRIED, Yes WIDOWED, ORDIVERCED (Write the word) Exact 8 DATE OF BIRTH st ciassified. (Day) 4 (Month) 7 AGE pinous properly AGE BOCCUPATION (a) Trade, protession, or XX particular kind of work supplied. (b) General nature of industry, pe business, or establishment in UNFADING тау which employed (or employer) certificate. 9 BIRTHPLACE (State or country) carefully ± that 10 NAME OF FATHER 80 0 pe back 11 BIRTHPLACE terms, ARENT OF FATHER (State or country) should -12 MAIDEN NAME in plain OF MOTHER PLAINL instructions information OF MOTHER (State or country of inform CAUSE OF Important. 15 No. Filed ri

#### STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.

St .:---......Ward)

[It death occurred in a hospital or institution, give its NAME instead of street and number.]

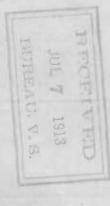
SONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED, ORDIVEDREED (Write the word)	18 DATE OF DEATH  (Month)  (Day)  (Year)  17  I HEREBY CERTIFY, That I attended deceased from
IRTH Dorit Kuoro,	that I last saw h 1 ally 29, 1913,
(Month) (Day) (Year)	
SS yrsmosds.   It LESS than 1 day,hrs.   ORmin. ?	and that death occurred on the date stated above, at
ssion, or Stone Mason	Chule Dabelly
ure of industry, stablishment in (or employer)	(Duration) + O yrs. — mos. — ds.
Entry) US amorica	(Secondary)  (Duration)  (Duration)  (Duration)  (Duration)  (Duration)
GOF Don't Know	(Signed) Thas 7. Forfeel, M. D.
HPLACE ATHER & Or Country) Don't Anoro	*State the DISEASE CAUSING DEATH, or, In deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENT
EN NAME AND KONDER	TAL, SUICIDAL, OF HOMICIDAL.  18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS
HPLACE OTHER DOWN KNOW	At place of death yrs mos ds state yrs mos ds
WILLIE TO THE BAST OF MY KNOWLEDGE	Where was disease contracted, It not at place of deaths  Former or  Hodwick (Sonot Ind.)
ss)	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
30,1913 JMG oodwan	20 UNDERTAKER ADDRESS
REGISTRAR	166 Carty Frederick Mrs
If more bianks are needed, address State Regis trar, 6	E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

"Manager," "Dealer," etc., without more precise speciwho have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). For persons CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care duties of the household only (not paid Housekeepers fication, as Day laborer, Farm laborer, Laborerstatement. applies to each and every person, irrespective of age Servant, Cook, Housemaid, ctc. If the occupation has Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should he used only when needed. additional line is provided for the latter statement the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary Arcman, etc. first line will be sufficient, e. g., Farmer or Planter, ness of various pursuits can he known. The question (a) Spinner, (b) Cotton mill; (a) Salesman, Physician, Compositor, Architect, Locomotive engineer. For many occupations a single word or term on the tion is very important, so that the relative dealthful-Statement of occupation-Precise statement of occupa If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman," As examples: But in many (4)

Statement of cause of death—Name, first, the DISEASE CAUSING DEATH (the prinary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Ccrebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopncumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcinosis of lungs, meninges, peritonaeum,

ture of the American Medicai Association.) cause of death approved by Committee on Nomencia Injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Polsoned such, if impossible to determine definitely. LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For viomia," "PUERPERAL peritonitis," etc. childbirth or miscarriage. as "Puerpural scptichaecause. etc., when a definite disease can be ascertained as the genital," "Collapse." "Coma," "Convuisions," "Dehility" ("Conample: Measles (disease causing death), 29 "Contributory." Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably "Hart fallure," "Haemorrhage," "Inanition," "Maras thenia," "Anaemia" (merely symptomatic), "Atrophy," Bronchopncumonia (secondary), 10 ds. Never report affection need not he stated unless important. valvular heart disease; Chronic interstitlal nephritis nant neoplasms); Measles; Whooping cough; Chronic mere symptoms or terminal conditions, such as "Asoma. Sarcoma. etc., of is less definite; avoid use of "Tumor" for malig The contributory (secondary or intercurrent) "Old Age," "Shock." tctanus) Always qualify all diseases resulting from "Senlie," etc.), (Recommendations on statement of may be stated under the head "Dropsy," "Exhaustion," "Traemia," "Weakness," (name origin; "Can-State cause for Examples:



S. No. 1.

PLACE OF DEATH 5654	STATE OF MARYLAND
cause tradity	CERTIFICATE OF DEATH
County DI	Registration Dist. No. 137
Village or City Liberty Town (No.	St; Ward) [If death occurred in
7	a hospital or institution,
FULL NAME / Wary &da	Etyler of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR PLACE 5 SINGLE, MARRIED, Warned	16 DATE OF DEATH July 22, 1913
Feusle While (Write the word)	(Meyth) (Day) (Year)
	17 I HEREBY CERTIFY, That I attended deceased from
aug 31 1861	1911 to July 2/ 1913.
(Month) (Day) (Year)	that I last saw h Com allve on Feel 21 1913
7 AGE If LESS than	and that death occurred on the date stated above, at 2 a.m.
1 day,hrs.	The CAUSE OF DEATH* was as follows:
	O O
6 OCCUPATION (a) Trade, profession, or	Lubracloses -
particular kind of work Seaustnee,	
(b) General nature of industry,	
business, or establishment in which employed (or employer)	(Duration) yrsmos ds.
9 BIRTHPLACE	Gontributory (Secondary)
(State or country)	
10 NAME OF	0 9/ 0 00
FATHER Franks Dempson	(Signed) Sova Mir Reall, M. D.,
OF STATES	, 191 (Address) / Muly Tour July
Z (State or country)	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDEN-
OF FATHER (State or country)  12 MAIDEN NAME OF MOTHER	TAL, SUICIDAL, OF HOMICIDAL.
a Milliown	16 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)
13 BIRTHPLACE OF MOTHER (State or country)	At place in the
	of death yrs, mos, ds. State yrs, mos, ds Where was disease contracted.
14 THE ABOVE IS THE TO THE BEST OF MY KNOWLEDGE	If not at place of death?
(Informant)	Former or usual residence
Kilartha	40. 4
(Address)	- I the mil (10 12
16 July NN mis Mul Surfusan	1912
Filed Muy 1913 / - W Authorited Registrar	9.1.4
1 - // W-\	Duraduce Rros ochry low Med,
If more blanks are needed, address State Registrar, 6 I	u. Braukin St., Baito., Requesting V. S. No. 1.

[Approved by L. S. Census and American Public Health Association.]

who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). For persons CAUSING DEATH, state occupation at beginning of iiibeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. duties of the household only (not paid Housekeepers statement. material worked on may form part of the second (a) Spinner, (b) Cotton mill; (a) Salcsman, (b) Grocery; (a) Foreman, (b) Automobile factory. The additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise speciit should be used only when needed. As examples: Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman,"

Statement of cause of death—Name, first, the disease causing death—In with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc., Carcinologies of lungs, meninges, peritonaeum, etc., Carcinologies, peritonaeum, etc., Carcinologies, carcinologies, peritonaeum, etc., Carci

dent; Revolver wound of head-homicide; Poisoned such, if impossible to determine definitely. mia," "Puerperal peritonitis," etc. State cause for childbirth or miscarriage, as "Puerperal septichaeture of the American Medicai Association. cause of death approved by Committee on Nomencla-"Contributory." sepsis, tetanus) may be stated under the head of injury, as fracture of skuil, and consequences (e. g., by carbolic acid-probably suicide. The nature of the Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, or as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. etc., when a definite disease can be ascertained as the mus," "Oid Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse." "Coma," "Convuisions," "Debility" ("Conthenia," "Anaemia" (mereiy symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Ab-Bronchopneumonia (secondary), 10 ds. ample: Measles (disease causing affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis. nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligoma. Sarcoma. etc., of ... The contributory (secondary or intercurrent) Always qualify all diseases resulting from "Senile," etc.), "Dropsy," "Exhaustion," (Recommendations on statement of (name origin; "Can death), 29 ds.; Never report Examples: For vio-



V. S. No. 1.

PERMANENT RECORD

4

UNFADING INK-THIS IS

1 PLACE OF DEATH

0 > 1	PLACE OF DEATH	STATE OF WARTLAND
ve	Grade a Ald com	CERTIFICATE OF DEATH
D :	County Fielderica \$655	11/2
ON O		Registration Dist. No.
SS	Village or City Braddock (No.	St.; Ward) [If death occurred in
AN	VIII 480 01 01037	a nopital of institution,
55	FULL NAME Carita M. 41	of street and number.]
148	FULL NAME	Mulp.
nt o	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
ILY me	SEX 4 COLOR OB RACE 5 SINGLE,	18 DATE OF DEATH O 7 The
ACT	1 MARRIED, 2 mayle	1910
E SEX	Musal W bell engwerer (Write the word)	(Month) (Day (Year)
ad x	8 DATE OF BIRTH	0 0 0 0 0
tat III	4 20 ,1913	191 S, to 191
ed.	(Month) (Day (Year)	that I last saw h. 11 alive on
SSIF	<sup>7</sup> AGE if LESS than	and that death occurred on the date stated above, at 1 13 Pm
Cia	7 mos 10 ds, or min.?	The CAUSE OF DEATH* was as follows:
riy		Muranuis
AGE	OCCUPATION (a) Trade, profession, or	
Pr	particular kind of work.	
be	(b) General nature of Industry, business, or establishment in	<b>7</b>
suppli may te.	which employed (or employer)	(Duration) yrs ds
	9 BIRTHPLACE M	Secondary Secondary
I III	(State or country) Fredences	(Duration) Dyrs mos described
arefully that It certifica	10 NAME OF	If IAX VI. Van
0 00	FATHERICLES IN Fisher	(Signed) M. D
CK. D	O 11 BIRTHPLACE	, 191 (Address) sellen 15
erm ba	11 BIRTHPLACE OF FATHER (State or country)  12 Mail DEN NAME OF MOTHER  17 MOTHER  18 MOTHER  19 MOTHER	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
Sh L	M 12 MAIDEN NAME	TAL, SUICIDAL, OF HOMICIDAL.
pia	a OF MOTHERINA. Milliand	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS OR RECENT RESIDENTS)
in uct	13 BIRTHPLACE OF MOTHER 211	At place in the
FH	(State or country)	of death yrs. mos. ds. State yrs. mos. ds
EA	14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted,  If not at place of death?
See	(Informant)	Former or
ol or	(morman)	usual residence
SE orta	(Address)	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
Every it CAUSE Importa	15 M// - 0 m.C.	Dannes ville Mr July 31, 1913
1	Filed 3 19x3 X M Foodway	20 UNDERTAKER ADDRESS
, i	REGISTRAR	Uterson toline Trederall Ma
	If more blanks are needed, address State Regis	trar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

STATE OF MARYLAND

[Approved by U. S. Census and American Public Health Association.]

gainfully employed, as At school or At home. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specicated thus: Servant, Cook, Housemaid, etc. If the occupation has should be taken to report specifically the occupations Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. statement. Grocery; (a) Foreman, (b) Automobile factory. the nature of the business or industry, and therefore an cases, especially in industrial employments, it is necwho have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease of persons engaged in domestic service for wages, as material worked on may form part of the second it should be used only when needed. additional line is provided for the latter statement; essary to know (a) the kind of work and also (b)Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive first line will be sufficient, e. g., Farmer or Planter, applies to each and every persou, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-Spinner; (b) Cotton mill; (a) Salesman, many occupations a single word or term on the If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman," Farmer (retired 6 yrs.) For persons As examples: engineer, (0)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tubereulesis of lungs, meninges, peritonacum, etc., Carcin-

injury, as fracture of skull, and consequences (e. g., mia," "PUERPERAL peritonitis," etc. mus," "Old Age," "Shock," "Uraemia," "Weakness," "Collapse," "Coma," "Convulsions," "Deblity" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," thenia," "Anaemia" (merely symptomatic), "Atrophy," oma, Sarcoma, etc., of...... (name origin; "Canture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." scpsis, tctanus) may be stated under the head of by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For viochildbirth or miscarriage as "Puerperal septichaeetc., when a definite discase can be ascertained as the "Heart failure," "Haemorrhage," "Inanition," "Marasmere symptoms or terminal conditions, such as "Asaffection need not be stated unless important. valvular heart discase; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably Bronchopneumonia (secoudary), 10 ds. is less defiuite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) Always qualify all diseases resulting from Measles (disease causing death), 29 (Recommendations on statement of State cause for Never report



County Finderical 9656	STATE OF MARYLAND CERTIFICATE OF DEATH Registered No
VIIIage or City Frederick (No. 6)	St.; Ward)  [If death occurred a hospital or institution give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Rende 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED, ORDIVORCED MANNES	(Month) (Day) (Year)  I HEREBY CERTIFY, That I attended deceased from
6 DATE OF BIRTH  Afril  (Month) 3 (Day) (Year)	that I last saw har alive on 7-26, 1913
7 AGE  27 yrs. 3 mos. 24 ds. or. min.?	and that death occurred on the date stated above, at 11- 45 hm. The CAUSE OF DEATH* was as follows:
(a) Trade, profession, or particular kind of work.  (b) General nature of Industry, business, or establishment in which employed (or employer)  BIRTHPLACE (State or country) Frederical Contile  (State or Country) Frederical Contile  10 NAME OF FATHER Melian Scalley  11 BIRTHPLACE OF FATHER (State or country) England  (State or country) England  22 MAIDEN NAME OF MOTHER  OF MOTHER	(Signed) (Signed) (Signed) (Signed) (Address) (Address) (Signed) (Signed) (Address) (Address) (Signed) (Signed) (Address) (Address) (Signed) (Signed) (Address) (Address) (Signed) (Sig
13 BIRTHPLACE OF MOTHER (State or country) Don't - Know  14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  (Informant) Charles Frorburger  (Address) Cost Law St  Filed Jany 28, 1913 De Charles Markets Age REGISTARE	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS OR RECENT RESIDENTS) At place is the of death yrs. mos. ds. State yrs. mos. ds Where was disease contracted, if not at place of death? Former or usual residence.  19 PLACE OF BURIAL OR REMIOVAL DATE OF BURIAL  Where was disease contracted, if not at place of death?  Former or usual residence.  19 PLACE OF BURIAL OR REMIOVAL DATE OF BURIAL  Where was disease contracted, if not at place of death?  Letter and the contracted of the place of death?  Letter and the contracted of the place of death and the place

[Approved by U. S. Census and American Public Health Association.]

it should be used only when needed. As examples:
(a) Spinner, (b) Cotton mill; (a) Salesman, (b) who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. Never return "Laborer," "Foreman," material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary Areman, etc. But in many Physician, Compositor, Architect, Locomothve engineer, first line will be sufficient, e. g., For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Farmer or Planter, For persons

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injury, as fracture of skull, and consequences (e. g., childbirth or miscarriage, as "Purereral scptichaecause of death approved by Committee on Nomencla-"Contributory." sepsis, tetanus) by carbolic acid-probably sulcide. The nature of the mia," "Purperal peritonitis," etc. State cause for cause. Always qualify all diseases resulting from cer" is less definite; avoid use of "Tumor" for maligture of the American Medical Association.) dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railroay train-accisuch, if impossible to determine definitely. LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. For vioetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition." "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mcre symptoms or terminal conditions, such as "As-Bronchopncumonia (secondary), 10 ds. Never report ample: Measles (disease causing death), 29 ds.; affection need not be stated unless important. valvular heart disease; Okronic Interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronlo oma. Sarcoma. etc., of \_ ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably The contributory (secondary or Intercurrent) (Recommendations on statement of may be stated under the head (name origin; "Can Examples:

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

AUG 6 1918
BUREAU, V. S.

Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. RECORD PERMANENT BINDING 4 FOR UNFADING INK-THIS RESERVED MARGIN WRITE PLAINLY, WITH S. No. 1.

N. B.-

	'PLACE OF DEATH	STATE OF MARYLAND
	Inederick S657	CERTIFICATE OF DEATH
Co	unty 27 th of the same of the	(3)
	6	Registration Dist. No.
Will	lage or City Our Ruttsville	[If death occurred in
VIII	lage or City No.	St.; Ward) a hospital or institution,
	(/ 1/1. 1/1.	give Its NAME Instead of street and number.]
	FULL NAME Muldred Clin	abelh Cot
-	J-	
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 51	MARRIEO.	16 DATE OF DEATH Sul 22 1013
17	Manager Willowed ORDIVORCED	(Month) (Day (Year)
14	emall While   ORDIVORCED (Write the word)	17 / I HEREBY CERTIFY, That I attended deceased from
a D	ATE OF BIRTH	felle 22 1913 to feel 22 1913.
	Oct, 24 1837	1/1/1/22 1
-	(Month) (Day (Year)	that I fast saw have alive on 191
TAG	A den bus	and that death occurred on the date stated above, at
	5 yrs 8 mos 25 ds. OR min.?	The CAUSE OF DEATH* was as follows:
80	CCUPATION //	acute Furlilis
(a)	Trade, profession, or	
	rticular kind of work	
bus (D)	General nature of industry, iness, or establishment in	(D
whi	ch employed (or employer)	(Duration) yrsmosds.
9 BI	RTHPLACE (State or country)	Contributory Secondary
	Waven 40. Va,	
	10 NAME OF A.	(Ouration) yrs mos ds.
	John Vuner	(Signed) M. D.
TS	11 BIRTHPLACE	1024 23, 1913 (Address) Curpularille (les
PARENTS	OF FATHER (State or country)	*State the DISEASE CAUSINO DEATH, or, in deaths from VIOLENT
2	12 MAIDEN NAME	*State the DISEASE CAUSINO DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether Accidental, Suicidal, or Homicidal.
۵	OF MOTHER Clina Loward	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS TRANSLENGE
	13 BIRTHPLACE	OR RECENT RESIDENTS) At place In the
	OF MOTHER (State or country)	of death yrs mos ds. State yrs mos ds
14 T	HE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, If not at place of death?
	(Interment) Jane Hox	Former or
	(IIII) Mail() / R / IT / 10/ O	usual residence
	(Address) Curkilleville ma	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
15	11, () 101	Burkittsville binet July 24, 1913
Fil	ad tuly 2 V. 191 9 XM. Wigney	20 UNDERTAKER ADDRESS
/	REGISTRAR	1. R. Malke Bubitter
6	If more blanks are needed, address State Regist	tran 6 E. Franklin St., Balto., Requesting V. S. No. 1.
		ond,
		4

[Approved by U. S. Census and American Public Health Association.]

who have no occupation whatever, write None. cated this: CAUSING DEATH, state occupation at beginning of illof persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. who receive a definite salary), may be entered as dutles of the honsehold only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. andterial worked on may form part of the second essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is necbeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has Housewife, Housework, or At Home, and children, not Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer. first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term ou the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-Spinner, (b) Cotton mill; (a) Salesman, If retired from business, that fact may be Indi-Women at home, who are engaged in the Never Farmer (retired 6 yrs.) For persous return "Laborer," "Foreman,"

Statement of cause of death—Name, first, the disease causing death in the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Cronp";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia unqualified, is indefinite): Tubereulesis of lungs, meninges, peritonaeum, etc., Carcin-

mia," "Puerperal peritonitis," etc. State childbirth or miscarriage as "Puerperal septiehae. mns," "Old Age," "Shock," "Uraemia," "Weakness," nant neoplasms); Measles; Whooping cough; Chronic ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." injury, as fracture of skull, and consequences (e. g., by earbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. etc., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Juanition," "Marasgenital," "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemla" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. affection need not be stated nnless important. valvular heart disease; Chronic interstitial nephritis oma, Sarcoma, etc., of..... (name origin; "Canis less definite; avoid use of "Tumor" for malig-The contributory (secondary or interchrrent) tetanus) Always qualify all diseases resulting from Measles (disease cansing "Seuile," etc.), may be stated under the head of (Recommendations on statement of "Dropsy," death), 29 ds.; "Exhaustlon," Never report cause for For VIO-



No. ò

8 ż

PHYSICIANS should state of OCCUPATION is very RECORD stated EXACTLY. PERMANENT properly classified. 4 should be UNFADING INK-THIS AGE carefully supplied. of information should be c DEATH in plain terms, so See instructions on back of WRITE PLAINLY, WITH CAUSE OF I

1 PLACE OF DEATH 9658 Gounty.... Village or City

#### STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No

St.;....Ward)

[If death occurred in a hospital or Institution, give its NAME instead of street and number.

Опи	e Fer Lu	or The	lag.	her

²FULL NAME CUMUX	
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED	16 DATE OF DEATH July (Month) (Day) (Year)
Temale Whole (Write the word) Jung	17 I HEREBY CERTIFY, That I attended deceased fro
6 DATE OF BIRTH  (Month)  (Day)  (Yei	31 that I last saw h 2 alive on Lucy 5 1913
7 AGE If LESS	than and that death occurred on the date stated above, at A.
78 yrs. 8 mos. 4 ds. or. m	in.?
BOCCUPATION	Caremana mounts
(a) Trade, profession, or	the grantesting and the later winds
particular kind of work  (b) General nature of industry.	of good alexander
business, or establishment in	got Coursions avus mos.
which employed (or employer)	Paulale III
BIRTHPLACE (State or country)	(Secondary)
(State or country) Bredwess And	(Duration) yrs. mos.
10 NAME OF FATHER Q. Galliane	(Signed) Mer Craw Jung huser, M.
V) 11 BIRTHPLACE OF FATHER (State or country)	*State the DISEASE CAUSING DEATH, Or, In deaths from VIOLENT
11 BIRTHPLACE OF FATHER (State or country)  12 MAIDEN NAME OF MOTHER OF MOTHER	TAL, SUICIDAL, or HOMICIDAL.
a Millia Homas	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENT
13 BIRTHPLACE OF MOTHER (State or country)  WWW	At place In the of death yrs mos ds. State yrs mos
14 THE ABOVE IS TRUE TO THE BEST, OF MY KNOWLEDGE	Where was disease contracted,
March & billand	If not at place of death?
(Informant)	usual residence.
(Address). Frederick, Med.	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
Filed July 16, 1918 Dr. Ana J. M. C. b.	20 UNDERTAKER ADDRESS
REGISTR	24/12 Leaphreten mornell
If more blanks are needed, address State Revis A	for B E Franklin St Balto Requesting W C N. 4

[Approved by U. S. Census and American Public Usaith
Association.]

who have no occupation whatever, write None cated thus: Farmer (retired 6 yrs.). CAUSING DEATH, state occupation at beginning of illof persons engaged in domestic service for wages, as should be taken to report specifically the occupations duties of the household only (not paid Housekeepers been changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as fication, as Day laborer, Farm laborer, Laborer-('oa) "Manager," "Dealer," etc., without more precise specistatement. Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. additional line is provided for the latter statement. the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) mine, etc. material worked on may form part of the second (a) Spinner, (b) Cotton mill; (a) Salesman, cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., For many occupations a single word or term on the applies to each and every person, irrespective of age ness of various pursuits can be known. The question tion is very important, so that the relative Realthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman." Farmer or Planter, As examples: For persons

Statement of cause of death—Name, first, the disease causing death—(the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic core-brospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Tneumonia," unqualified, is indefinite); Tubercu-losis of lungs, meninges, peritonaeum, etc.. Carcin-

cause of death approved by Committee on Nomencla "Contributory." sepsis, tetanus) Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. mia," "PUERPERAL peritonitis," etc. childbirth or miscarriage. as "Puerpural scptichae-"Heart failure," "Haemorrhage," "Inanition," "Marasture of the American Medical Association.) injury, as fracture of skull, and consequences, (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Potsoned ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For vioetc., when a definite disease can be ascertained as the "Collapse." "Coma," "Convulsions," "Debility" ("Conmere symptoms or terminal conditions, such as "As-thenia," "Anaemia" (merely symptomatic), "Atrophy," ample: Measles (disease causing death), 29 affection need not be stated unless important. nent neoplasms); Measles; Whooping cough; Chronic oma. Sarcoma. etc., of ... Bronchopneumonia (secondary), 10 ds. Never report valvular heart disease; Chronic interstitial nephritis er" is less definite; avoid use of "Tumor" for mails The contributory (secondary or intercurrent) "Old Age," "Shock," 'Traemia," "Weakness," Always qualify all diseases resulting from "Senile," etc.), (Recommendations on statement of may he stated under the head "Dropsy," "Exhaustion," (name origin; "Can-State cause for Examples: 10



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Þ	RECORD	PHYSICIANS S
V. S. No. 1.	WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD	N. B.—Every item of Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.
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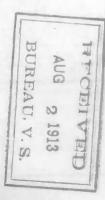
Village or City Sebertatowno.	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE MARRIED, WIDOWED, ORDIVERCED ORDIVERCED (Write the word)	16 DATE OF DEATH  (Month) (Day) (Year)
6 DATE OF BIRTH  Nov.  (Month)  (Day)  (Year)	17 I HEREBY CERTIFY, That I attended deceased from  July 0 , 1913, to July 13 , 1913,  that I last saw her allve on July 13 , 1913
TAGE  If LESS than t day,hrs. ORmlin.?  B OCCUPATION (a) Trade, profession, or particular kind of work.	and that death occurred on the date states above, at 3 pm.  The GAUSE OF DEATH* was as follows:  Escapeaa Escapeaa
(b) General nature of industry, business, or establishment in which employed (or employer)  BIRTHPLACE (State or country)	Contributory (Secondary)
OF FATHER COURTY M. Green  11 BIRTHPLACE OF FATHER (State or country)  12 MAIDEN NAME OF MOTHER OF MOTHER OF MOTHER	(Signed)
13 BIRTHPLACE OF MOTHER (State or country)	TAL, SUICIDAL, OF HOMICIDAL.  18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)  At place In the of death
(Informant). Many K. Structor The BEST OF MY KNOWLEDGE	it not at place of death?
Filed July 15 1913 M. D. Lourquian REGISTERAR  more blanks are needed, address State Registrar, 6 E	20 UNDERTAKER  What Franklin St., Balto., Requesting V. 8 No. 1.

[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.). causing death, state occupation at beginning of iliof persons engaged in domestic service for wages, as should be taken to report specifically the occupations duties of the household only (not paid Housekeepers who have no occupation whatever, write None. been changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite saiary), may be entered as mine, etc. fication, as Day laborer, Farm laborer, Laborer-Coal "Menager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-Spinner, (b) Cotton mill; (a) Salesman, If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," As examples: For persons "Foreman," (2)

Statement of cause of death—Name, first, the disease causing death—Name, first, the disease causing death—Name, first, the disease causing divays the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonacum, etc.. Carcinosis

ture of the American Medical Association. cause of death approved by Committee on Nomenclainjury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned such, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as mia," "PUERPERAL peritonitis," etc. State cause for childbirth or miscarriage, as "Puerperal septichaeetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Maras. genital," "Senile," etc.), "Dropsy," "Collapse." "Coma," "Convuisions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," ampie: Measles (disease causing death), 29 affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis cer" is less definite; avoid use of "Tumor" for malig "Contributory." Accidental drowning; Struck by railway train-acctwhich surgical operation was undertaken. mere symptoms or terminal conditions, such as "As: Bronchopneumonia (secondary), 10 ds. nant neoplasms); Measles; Whooping cough; Chronic oma. Sarcoma. etc.. of \_ The contributory (secondary or intercurrent) tetanus) may be stated under the head Aiways qualify all diseases resulting from (Recommendations on statement of (name origin; "Can "Exhaustion," Never report Examples For vio-



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	PHYS of 0	
WRITE PLAINLY, WITH UNFADING INA-INIS IS A PERMANENT RECOND	.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN CAUSE OF DEATH in plain terms, so that it may be properly classified, Exact statement of OCCUP	
PERM	stated E	
A 10 A	buld be	
N-I HI	AGE she	
2 2 2 2 2 2	supplied.	
UNLAL	that It	important See instructions on back of certificate.
Ξ	be	k of
Y. W.	should	on bac
LAINE	rmation in plain	ructions
KIIL	of info	See inst
≥	item	100
	CAUSE	import

S should state

C

3 SEX

7 AGE

ARENTS

15

Female

8 OCCUPATION (a) Trade, profession, or

particular kind of work.

9 BIRTHPLACE (State or country)

10 NAME OF FATHER

11 BIRTHPLACE

12 MAIDEN NAME

13 BIRTHPLACE OF MOTHER (State or country)

(Informant).....

(b) General nature of industry,

business, or establishment in

6 DATE OF BIRTH

1 PLAGE OF DEATH	0000
ounty Frederick	9660
illage or City State Senator	ium (No.

#### STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.

St.:...Ward)

[If death occurred in a hospital or Institution, give its NAME Instead of street and number.]

FULL NAME Janie Grimes

PERSONAL AND STATISTICAL PARTICULARS

which employed (or employer) .... Private families

OF FATHER (State or country) Maryland

of MOTHER Anna C. Hyatt

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE Janie Grimes

(Address) Catonsville Md.

ONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH		
White Single,  White Single,  MARRIED,  WIDOWED,  ORDIVORCEDSingle  (Write the word)	16 DATE OF DEATH  July 17th, 19F  (Month) (Day) (Year)  17 I HEREBY CERTIFY, That I attended deceased from		
тн			
August 14th., 1896. (Month) (Day) (Year)	February 2nd 1913, to July 17th, 1913, that I last saw h.er. alive on July 17th, 1913		
If LESS than   f day,hrs.   17	and that death occurred on the date stated above, at 8.20p m, The CAUSE OF DEATH * was as follows:		
on, or House-maid	Pulmonary Tuberculosis Tuberculous Laryngitis Tuberculous Peritonitis		
of industry, blishment in r employer)Private families	Tuberculous Jeryngitis ds.		
Maryland .Maryland	Contributory (Secondary)  (Dofation)  yrs. mos. ds.		
George W. Grimes	(Signed) , N. D.		
HER r country) Maryland	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDEN-		
THER Anna C. Hyatt	TAL, SUICIDAL, OF HOMICIDAL.  16 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS,		
LACE THER COUNTRY) Maryland	At place of death yrs mos		
IS TRUE TO THE BEST OF MY KNOWLEDGE  Janie Grimes	Where was disease contracted, If not at place of death? Probably by home.  Former or usual residence Catonsvillo Md.		
Catonsville, Md.	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL Baltimore City. Unknown. 191/3.		
1/9,1812 6 A Sterry REGISTRAR	20 UNDERTAKER  M.L. Craeger,  ADDRESS Thurmont, Md		
more blanks are needed, address State Regis trar, 6	E. Franklin St., Balto., Requesting V. S. No. 1.		

[Approved by U. S. Census and American Public Uealth Association.]

insterial worked on may form part of the second "Manager," "Dealer," etc., without more precise specicated thus: Farmer (retired 6 yrs.). CAUSING DEATH, state occupation at beginning of illshould be taken to report specifically the occupations gainfully employed, as At school or At home. Care duties of the household only (not paid Housekeepers fication, as Day laborer, Farm laborer, Laborer-Coal statement. Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. As example (a) Spinner, (b) Cotton mill; (a) Salesman, additional line is provided for the latter statement. Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, ness of various pursuits can be known. The question Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as Housewife, Housework, or At Home, and children, not who receive a definite saiary), may be entered as minc, etc. the nature of the business or industry; and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary Arcman, etc. But in many For many occupations a single word or term on the applies to each and every person, irrespective of age. tion is very important, so that the relative healthfulwho have no occupation whatever, write None. been changed or given up on account of the nismass Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman," As examples: For persons (4)

Statement of cause of death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemic cercbrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, pertionaeum, etc.. Carcinoses

childbirth or miscarriage. as "Purspmral septichae cause of death approved by Committee on Nomencia-"Contributory." injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Potsoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. which surgical operation was undertaken. mia," "PUERPERAL peritonitis," etc. cause. etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," 'Traemia," "Weakness," -Hart failure," "Haemorrhage," "Inanition," "Maras "Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asaffection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronic zer" is less definite; avoid use of "Tumor" for malls oma. Sarcoma. etc., of .. ture of the American Medical Association.) sepsis, tetanus) ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS state MEANS OF INJUBY and qualify as Bronchopncumonia (secondary), 10 ds. Never report The contributory Always qualify all diseases resulting from Measics (disease causing death), 29 ds. "Senile," etc.), (Recommendations on statement of may be stated under the head (secondary "Dropsy," "Exhaustion," (name origin; "Can or intercurrent State cause for Examples: For vio-0

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

AUG 2 1913
BUREAU. V.S.

N. B.—Every Item of Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. PERMANENT BINDING 4 WRITE PLAINLY, WITH UNFADING INK-THIS IS FOR RESERVED MARGIN V. S. No. 1.

1 PLACE OF DEATH

PLA	CE OF DEATH	0004			STATE	F WAR	YLAND
1	edericis	9661	1. 3.	1	CERTIFICA	TE OF	DEATH
County	eaco co (		1.1		Post of a		131
			10		Registra	tion Dist.	No
Village or Cit	y Lederei	<u>(No.</u>		al and a second	St.;	Ward)	[If death occurred in a hospital or institution, give Its NAME Instead
	lo	etain	/2/2	Ole -			of street and number.]
2F(	JLL NAME		- V Fax				
PERS	SONAL AND STATISTIC	AL PARTICULA	RS		MEDICAL CERTIF	FICATE OF	DEATH
3 SEX	4 COLOR OR RACE	SINGLE,	* 4.	16 DATE OF	DEATH ALL	91	1013
Fmale	White	WIDOWED, ORDIVDRCED (Write the Wol	my .	-	(Me	onth)	(Day (Year)
		(Write the Wol	ra) V	17	I HEREBY CERTI	FY, That I a	ittended deceased from
6 DATE OF BIR	TH M		0.0	July 1	4 , 1918 , to	July	2/, 1913,
			, 19/3	that I last saw	h .4 allye on	July	20 .1913
7 AGE	(Month)	(Day	(Year)		U		- 4
AGE	11		1 day,hrs.				bove, at Lam,
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	yrs	nosds.	OR 7	The CAUSE O	F DEATH* was as	follows:	
BOCCUPATION					m .		
(a) Trade, professi particular kind of					Marasmi	10	
(b) General natur		1	······		· · · · · · · · · · · · · · · · · · ·		
business, or esta		rome		***************************************	(D	uration)	yrs. 4 mos. ds.
		<i>V</i>	<i>Y</i>	Contributo	ту		
9 BIRTHPLACE (State or co	ountry)	wink 1	/-	Secondary			
10 NAME	/Ulrer	mon c	ey_	***************************************	(D	uration)	yrsds.
FATHE	R Harrie	Spoller "		(Signed)	16 9 10	our	L, M. D.
Ø 11 BIRTHI	PLACE (	Juliu C		July 21	// 1913 (Address)	Fre 1	Cercer nu
Z OF FA	THER or country)	Louisle	6.0-	*State the			
M 12 MAIDE	1000	muis	cery	CAUSES, sta	te (1) MEANS OF I	NJURY; and	n deaths from VIOLENT (2) whether ACCIDEN-
Y II BIRTHI OF FA (State	OTHER Man (	O Hall	Ki				NSTITUTIONS, TRANSIENTS,
13 BIRTHE	PLACE	1		OR HECENT	RESIDENTS)		NSTITUTIONS, TRANSIENTS,
OFMO		leuck	Cole-	of death y	rs mos ds	In the	yrs mos ds
14 THE ABOVE	IB TRUE TO THE BEST	OF MY KNOW	LEDGE	Where was disease			
	Les Hall			Former or	UEGINI	***********	• • • • • • • • • • • • • • • • • • •
(Informant)-	9	. 1 4.	1-00	usual residence	00000000000000000000000000000000000000		
(Address)	Turden	Of Cel	4 149	19 PLACE OF	BUBIAL OR REMO	VAL	DATE OF BURIAL
15 /	1	0 1	0 1	MITO	Wist Com	stave	July 22, 1913
Flied Stelle	12/1913 torc	Man Q(	Mch	20 UNDERTA		10	ADDRESS
The state of the s	graffles frag 10 1 dense filodosten bereich		REGISTRAR	difico 6	Hudsifsi	too i	Ins desich Mag
	If more blauks a	V 11		strar, 6 E. Frank	lin St., Balto., Reque		No. 1.

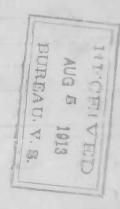
STATE OF MARYLAND

[Approved by U. S. Census and American Public Health Association.]

material worked on may form part of the second statement. figution as Day laborer, Farm laborer, Laborer essary to know (a) the kind of work and also (b) gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers "Mauager," "Dealer," etc., without more precise speci-Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. Physician, Compositor, Architect, Locomotive engineer. first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every persou, irrespective of age. ness of various pursuits can be known. The question who have no occupation whatever, write Nonc. cated thus: Farmer (retired 6 yrs.) For persons CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Scrvant, Cook, Housemuid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations Statement of occupation-Precise statement of occupa-Spinner, If retired from business, that fact may be indlvery important, so that the relative healthful-Women at home, who are eugaged in the Never (b) Cotton mill; (a) Salesman, return "Laborer," But in many As examples: "Foremau,"

Statement of cause of death—Name. first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tubereulesis of lungs, meninges, peritonaeum, etc., Carcin-

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N. B.-Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD BINDING MARGIN RESERVED FOR V. S. No. 1.

County Frederick \$662	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. 1
Village of City Fearl (No)	St.; Ward)  [if death occurred in a hospital or institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RAGE 5 SINGLE, MARRIED, Mouved Widowed, Widowed, OR DIVORCE (Write the word)	16 DATE OF DEATH S 1913 (Year)
6 DATE OF BIRTH Aug 12 1867	I HEREBY CERTIFY, That I attended deceased from June 10 193 to July 8 193
TAGE  (Moods)  (Day  (Year)  It LESS than f day,hrs. ORmin.?	and that death occurred on the date stated above, at
particular kind of work.  (b) General nature of industry, business, or establishment in which employed (or employer)  William Works	Contributory Ofloation Secondary
10 NAME OF FATHER Patrick Haulon  11 BIRTHPLACE OF FATHER (State or country) Oreleved  12 MAIDEN NAME  12 MAIDEN NAME	(Signed) (Buration) x yrs 2 mos x ds.  (Signed) M. D.  *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT TAL, SUICIDAL, or HOMICIDAL.  *SUICIDAL, or HOMICIDAL.
13 BIRTHPLACE OF MOTHER (State or country) Oreland	BLENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)  At place In the of death yrs,
(Informant) Mond Many & Haulon	If nof af place of deafh?
(Address) 15 Filed 7-9, 1913 & M. Goodinan REGISTRAR	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL  St. Johns. Com July 10, 1913. 20 UNDERTAKER FREEDER ADDRESS  OF TRY
	rar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

fication as Day laborer, Farm laborer, Laborer-Coal the nature of the business or industry, and therefore an cases, especially in industrial employments, it is nec-CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. (a) Spinner, (b) Cotton mill; (a) Salesman, additional line is provided for the latter statement; essary to know (a) the kind of work and also (b) Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age ness of various pursuits can be known. The question tion is very important, so that the relative healthfulwho have no occupation whatever, write Nonc. cated thus: Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as it should be used only when needed. Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," Farmer (retired 6 yrs.) For persons As examples: "Foreman,"

Statement of cause of death—Name, first, the disease causing death—In all each of time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tubercucsis of lungs, meninges, peritonaeum, etc., Carcin-

valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic mus," "Old Age," "Shock," "Uraemia," "Weakness," mere symptoms or terminal conditions, such as "Asoma, Sarcoma, etc., of...... (name origin; "Cansuch, if impossible to determine definitely. Examples: which surgical operation was undertaken. For viomia," "Puerperal peritonitis," etc. State childbirth or miscarriage as "Puerperal septichaeetc., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," Bronchopneumonia (secondary), 10 ds. Never report ample: Measles affection need not be stated unless important. ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." scpsis, tetanus) injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably LENT DEATHS state MEANS OF INJURY and qualify as dent; Revolver wound of head-homicide; Poisoned is less definite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) Always qualify all diseases resulting from "Senile," etc.), "Dropsy," may be stated under the head of (Recommendations on statement of (disease causing death), 29 ds.; "Exhaustion," cause for

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

Dr R. M. Smith



V. 2. No.

N. B.—Every item of information should be esrefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in pisin terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD

	unty State of DEATH 9663.  Unity State 1800 (No. 1800)  Marriel State of St	STATE OF MARYLAND CERTIFICATE OF DEATH Registered No.  [It death occurred to a hospital or institution, give its NAME instead of street and number.]
-	2:FULL NAME	MEDICAL CERTIFICATE OF DEATH
	PERSONAL AND STATISTICAL PARTICULARS	
3 SE	Male White Single, MARRIED, WIDOWED, DROYORCED (Write the word)	16 DATE OF DEATH.  (Month)  (Day)  (Year)  17   18 DATE OF DEATH.  (Year)
6 D.	(Month) (Day) (Year)	that I last saw h in alive on Juny 19, 1913
7 AC		and that death occurred on the date stated above, at
(a) par	Trade, profession, or ticular kind of work.  General nature of industry,	
busi	ness, or establishment in DNX KNO20 ch employed (or employer)	(Duration) yrs. mos. ds.
9 BI	ATTHPLACE Ate OF COURTY) Maryland	(Secondary)  (Duration)  (Duration)  (Duration)  (Duration)  (Duration)
	10 NAME OF SARRY LOS Marrie	(Signed) J. Goodier, N. D.
ENTS	11 BIRTHPLACE OF FATHER (State of gountry) Maryland	*State the DISEASE CAUSING DEATH, or, In deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL.
PAR	12 MAIDEN NAME OF MOTHER Olizabeth Bleckenstof	TAL, SUICIDAL, OF HOMICIDAL.  18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)
	13 BIRTHPLACE OF MOTHER (State or country) Maryland	At place of death yrs. mos. 23 ds. State yrs, mos. ds. Where was disease contracted.
147	Informatily Dulles I Trygory	Is not at place of death?  Former or  usual residence.  Mechanics toron Sich
15	(Address)	Sexual may 22, 1913
Fil	18 7 2 191 TO STUDIO	M. L. Crece Thurmond Ind
	If more blanks are needed, address State Registra	r, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

"Manager," "Dealer," etc., without more precise specicated thus: Farmer (retired 6 yrs.). of persons engaged in domestic service for wages, as should be taken to report specifically the occupations duties of the household only (not pald Housekeepers statement. additional line is provided for the latter statement essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is necapplies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfulwho have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of ili-Servant, Cook, Housemaid, etc. If the occupation has gainfully employed, as At school or At home. fication, as Day laborer, Farm laborer, Laborer-Coal Civil engineer, Stationary fireman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, been chauged or given up on account of the DISEASE Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. Grocery; (a) Foreman, (b) Automobile factory. (a) Spinner, (b) Cotton mill; (a) Salesman, it should be used only when needed. the nature of the business or industry, and therefore an Physician, Compositor, Architect, Locomotive engineer, For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indiworked on may form part of the second Women at home, who are engaged in the Never return "Laborer," "Foreman," As examples For persons The

pneumonia"); Lobar pneumonia; Bronchopneumonia CAUSING DEATH (the primary affection with respect to "("roup"); brospinal meningitis"); Diphtheria ("Pneumonia." ferer (the only definite syuonym is "Epidemic cere term for the same disease. Statement of cause of death-Name, first, the DISEASE and causation), using always the same accepted of lungs, meninges, peritonaeum, Typhoid uuqualified, is indefinite); Tubercufover (never Examples: Cerebrospinal report "Typhold (avoid use etc.. Carcin-

> ample: Meastes (disease causing death), 29 de.; affection need not be stated unless important. mia," "PUERPERAL peritonitis," etc. childbirth or miscarriage, as "Puerperal septichaeetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," thenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asvalvular heart disease; Chronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for malig-"Heart failure," "Haemorrhage," "Inanition," "MarasgenItal," Bronchopneumonia (secondary), 10 ds. oma. Sarcoma. etc., of cause of death approved by Committee on Nomenclasepsis, tetanus) injury, as fracture of skull, and consequences (e. g. by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train—accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT PEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. For yio-"Collapse." "Coma," "Convulsions," "Debility" ("Conture of the American Medical Association.) "Contributory." The contributory Always qualify all diseases resulting from "Senile," etc.), "Dropsy," "Exhaustion," may be stated under the head (Recommendations on statement of (secondary or intercurrent) (name origin; "Can-State cause for Never Jeport



Registration Dist. No.  Registration Dist. No.  If death occurred hospital or institutions of street and sumble personal and statistical particulars  PARTICULARS  PERSONAL AND STATISTICAL PARTICULARS  PERSONAL AND STATISTI		PLACE OF DEATH	0001	The state of the s	STATE OF MAR	YLAND
Viliage or City Dimension (No. St; Ward)  PERSONAL AND STATISTICAL PARTICULARS  MEDICAL CERTIFICATE OF DEATH  (Month) (Day) (Year  (Month) (Day) (Year  (Month) (Day) (Year)  (Month) (Day	Coun	+ treduct	9664		CERTIFICATE OF	DEATH 14
Village or City Demonsink (No. St.; Ward) beginning the plant is the plant in the plant is the plant is the plant is the plant in the plant is the plant is the plant is the plant is the plant in the plant is the p	Coun		** sound	5 6 A /	Registration Dist	No. 153
PERSONAL AND STATISTICAL PARTICULARS  PERSONAL AND STATISTICAL PARTICU	Villa	se or City Brunsu	rick (No			[If death occurred !
PERSONAL AND STATUTOR. MARRIED.  PROCED PATRON PROCESSOR OF THE STATUTOR OF MARRIED.  PROCED PATRON (Month) (Day) (Year)  (Month) (Day) (Parisonal (Notational (Notational (Notational (Notational (No		* FULL NAME Jas	yer & Ha	riso		give its NAME instea of street and number.]
Marketo White (Write the word)  Date of Birth  (Month) (Day) (Year)  (Month) (Day) (Parketon) (Park		PERSONAL AND STATISTIC	AL PARTICULARS		MEDICAL CERTIFICATE OF	DEATH
TAGE  Worth 38  Work of the country	sex mal	4 color or race	WIDOWED. Maria	1	(Month)	
AGE  ABOUT 38  JYS.  MOS.  ds.  DR.  MIR.  DR.  MIR.  POCCUPATION  (a) Trade, profession, or particular kind of work.  (b) General nature of industry, business, or establishment in Which employed (or employer)  DISTRIPLACE (State or country)  Which employed (or employer)  OF FATHER  11 BIRTHPLACE (State or Country)  Which employed (or employer)  OF FATHER  12 Majoen Name  OF FATHER  OF MOTHER  OF MOTHER  (State or country)  Which employed (or employer)  Which employed (or employer)  (Signed)  State OF COUNTRY)  PROJECT  (State or Country)  Which employed (or employer)  Which employed (or employer)  (Signed)  State OF CAUNEN, state (1) Means of INJURY; and (2) whether Accident or Recent Residents  OF MOTHER  (State or country)  Which employed (or employer)  State the DISPASSE CAUSING DEATH, or, in deaths from Violation  CAUNEN, state (1) Means of INJURY; and (2) whether Accident or Recent Residents  OF MOTHER  (State or country)  Which employed (or employer)  State the DISPASSE CAUSING DEATH, or, in deaths from Violation  CAUNEN, state (1) Means of INJURY; and (2) whether Accident or Recent Residents  (State or country)  Which employed (or employer)  State the DISPASSE CAUSING DEATH, or, in deaths from Violation  OF RECENT RESIDENCE (FOR HOBPITALS, INSTITUTIONS, TRANSIES OF RECENT RESIDENTS)  (State or country)  Which employed (or employer)  State the DISPASSE CAUSING DEATH, or, in deaths from Violation  OF RECENT RESIDENTS  (Signed)  State or Country  State the DISPASSE CAUSING DEATH, or, in deaths from Violation  OF RECENT RESIDENTS  (Signed)  State or Country  State the DISPASSE CAUSING DEATH, or, in deaths from Violation  OF RECENT RESIDENTS  (Signed)  State or Country  State the DISPASSE CAUSING DEATH, or, in deaths from Violation  State the DISPASSE CAUSING DEATH, or, in deaths from Violation  State the DISPASSE CAUSING DEATH, or, in deaths from Violation  State the DISPASSE CAUSING DEATH, or, in deaths from Violation  State the DISPASSE CAUSING DEATH, or, in deaths from Violation  State the DISPASSE CAUSI	6 DATE	unkino	(Day) (Year	Jasa	e 22, 1913, to	1913
(a) Trade, profession, or particular kind of work.  (b) General nature of industry, which employed (or employer)  BIRTHPLACE (State or country)  OF FATHER  1 SIRTHPLACE  OF FATHER  (State or country)  12 MAIDEN NAME OF MOTHER  OF MOTHER  OF MOTHER  13 BIRTHPLACE  OF MOTHER  (State or country)  12 MAIDEN NAME  OF MOTHER  (State or country)  13 BIRTHPLACE  OF MOTHER  (State or country)  14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  (Informant)  (Address)	T AGE	nt 38 yrs	if LESS th	The CAUSI		pove, at 4 a m
Dusliess, or establishment in A A A A A A A A A A A A A A A A A A	(a) Trad particula	ie, profession, er Black ar kind of work Black	ismith	Add 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	1110 -40	J Shord)
(Signed)  10 NAME OF FATHER  11 BIRTHPLACE (State or country)  12 MAIDEN NAME OF MOTHER  13 BIRTHPLACE OF MOTHER (State or country)  14 MAIDEN NAME OF MOTHER  15 BIRTHPLACE OF MOTHER (State or country)  16 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant)  17 MAIDEN STATE (Informant)  18 LENGTH OF RESIDENCE (FOR HOSPITALS. INSTITUTIONS, TRANSIER OR RECENT RESIDENTS)  At place Of death yrs. mos. ds. State yrs. mos.  Where was disease contracted, If not at place of death?  Former or usual residence.  19 PLACE OF BURIAL OR REMOVAL  NOWLESSON  19 PLACE OF BURIAL OR REMOVAL  NOWLESSON  19 PLACE OF BURIAL OR REMOVAL  NOWLESSON  ADDRESS  RECISTRAR  RECISTRAR	business which er	, or establishment in 03 4 0 mployed (or employer)	PRR	Contrib	outory In always	~~~~
Signed Si		100 0	ya .	(Second	dary)	er a
*State the Dismans Causing Dmath, or, in deaths from Violem Causes, state (1) Means of Injury; and (2) whether accide the Dismans of Injury; and (2) whether accide the Dismans of Injury; and (2) whether accide the Dismans of Injury; and (2) whether accide that		FATHER & SZ	Harrison			
13 BIRTHPLACE OF MOTHER (State or country)  (State or country)  (Informant)  (Informant)  (Address)  (Address)	N (	OF FATHER State or country)	known	*State CAUSES,	the DISEASE CAUSING DEATH, or, in state (1) MEANS OF INJURY: and (	deaths from Viorena
Where was disease contracted, if not at place of death?  Former or usual residence.  (Address) Businessines Ind.  Filed July 13, 1913 Review Wish  REGISTRAR  Where was disease contracted, if not at place of death?  Former or usual residence.  19 PLACE OF BURIAL OR REMOVAL  ROWLESSINES W Vor July 14, 191.  20 UNDERTAKER  ADDRESS  REGISTRAR	13	BIRTHPLACE OF MOTHER	Harsh	At place	INT RESIDENTS)	
(Address) Branswick Ind  19 PLACE OF BURIAL OR REMOVAL  Rowlesburg W Vor July 14, 191.  20 UNDERTAKER  ADDRESS  REGISTRAR  REGISTRAR	14THE	ABOVE IS TRUE TO THE BEST	Hanne	Where was d	isease contracted,	
Filed July 13 , 1913 Registrar 20 UNDERTAKER ADDRESS REGISTRAR 1227 & 750 Brunswick 7.		B	ik mod			DATE OF BURIAL
The company of	Filed	July 13 , 1913 Xc	Len Wood REGISTRAR	20 UNDER	42240 XO 1 12	DORESS
	- 4	If more blanks are	needed, address State Revis	trar. 6 E. Fran		

STATE OF MARYLAND

[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.). CAUSING DEATH, state occupation at beginning of illof persons engaged in domestic service for wages, as should be taken to report specifically the occupations duties of the household only (not paid Housekeepers fication, as Day laborer, Farm laborer, Laborer "Manager," "Dealer," etc., without more precise specimaterial worked on may form part of the second additional line is provided for the latter statement; the nature of the business or industry; and therefore an essary to know (a) the kind of work and also (b) applies to each and every person, irrespective of age. who have no occupation whatever, write None. been changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. statement. Grocery; (a) Foreman, (b) Automobile factory. The (a) Spinner, (b) Cotton mill; (a) Salesman, it should be used only when needed. cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., For many occupations a single word or term on the ness of various pursuits can be known. The question tion is very important, so that the relative Lealthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," If the occupation has Farmer or Planter, As examples: For persons "Foreman," -Coal

Statement of cause of death—Name, first, the dibease causing death—In all respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid dieumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcin-

childbirth or miscarriage, as "PUERPERAL septieharmus," "Old Age," "Shock," "Uraemia," "Weakness," cause of death approved by Committee on Nomencla sepsis, tetanus) may be stated under the head injury, as fracture of skull, and consequences (e. g., by earbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Polsoned Accidental drowning; Struck by railway train-accisucb, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. mia," "PUERPERAL peritonitis," etc. etc., when a definite disease can be ascertained as the "Hart failure," "Haemorrhage," "Inanition," "Maras genital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," ample: Measles (disease causing death), 29 da.; affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronical ture of the American Medical Association.) "Contributory." mere symptoms or terminal conditions, such as "As-Bronehopneumonia (secondary), 10 ds. oma. Surcoma. etc., of is less definite; avoid use of "Tumor" for maily The contributory Always qualify all diseases resulting from (Recommendations on statement of (secondary or intercurrent) (name origin; "Can State cause for Never report Examples: For vio-

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AUG 5 1918 BUREAU, V.S. 1 PLACE OF DEATH

County Freder	ieh	9665	CERTIFICATE OF DEATH Registered No. 38
Village or Gity Mus	u Pearl John	. 1.1	St; Ward)  [If death occurred in a hospital or institution, give its NAME instead of street and number.]
PERSONAL ANI	STATISTICAL PARTIC	JLARS	MEDICAL GERTIFICATE OF DEATH
SEX 4 COLO	SINGLE.	midower.	16 DATE OF DEATH  (Month)  (Day)  (Year)  17  I HEREBY CERTIFY, That I attended deceased from
S DATE OF BIRTH	2 23 (Month) (Day	, 1828 (Year)	that I last saw have allve on July 3 - , 1913.
SAT	rs. 4 mos. 9	if LESS than t day,hrs.	and that death occurred on the date stated above, at 7, 13m, The CAUSE OF DEATH* was as follows:  Chronic Wefshirlis
10 20 20 20 20 20 20 20 20 20 20 20 20 20	Jarmer Les Ewry Haugh		(Signed)  State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSEN, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
OF MOTHER  13 BIRTHPLACE OF MOTHER (State or country)	Toursa Lys		18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)  At place In the ot death yrs mos ds.
(Intermant) (Address) J	he me . Have	OWLEDGE  The second of the sec	Where was disease contracted, It not at place of death?  Former or usual residence

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

STATE OF MARYLAND

[Approved by U. S. Census and American Public Health Association.] «

cated thus: Farmer (retired 6 yrs.). CAUSING DEATH, state occupation at beginning of illof persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care duties of the household only (not pald Housekeepers mine, etc. fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second additional line is provided for the latter statement; the nature of the business or industry, and therefore an cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many applies to each and every person, irrespective of age. who have no occupation whatever, write None. been changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as Grocery; (a) Foreman, (b) Automobile factory. (a) Spinner, (b) Cotton mill; (d) Salesman, It should be used only when needed. essary to know (a) the kind of work and also (b) first line will be sufficient, e. g., ness of various pursuits can be known. The question Physician, Compositor, Architect, Locomotive engineer, For many occupations a single word or term on the tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be ludi-Women at home, who are engaged in the Never return "Laborer," "Foreman," If the occupation has Farmer or Planter, As examples: For persons 9

Statement of cause of death—Name, first, the disease causing death—Name, first, the disease causing death—Name, first, the disease causing always the same accepted term for the same disease. Examples: Corobrospinal fever (the only definite synonym is "Epidemic cere-lirospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid disease). Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcin-

sepsis, tetanus) may be stated under the head mia," "PUERPERAL peritonitis," etc. State cause for childbirth or miscarriage, as "Pursperal septichaeetc., when a definite disease can be ascertained as the inus," "Old Age," "Shock," "Uraemia," "Weakness," genital," "Senile," etc.), ample: Measles (disease causing death), 29 de.; nant neoplasms); Measles; Whooping cough; Chronia cer" is less definite; avoid use of "Tumor" for malls ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory," injury, as fracture of skull, and consequences (e. by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train—acclsuch, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. cause. Always qualify all diseases resulting from "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report affection need not be stated unless important. Exvalvular heart disease; Ohronio interstitial nephritis oma. Sarcoma. etc., of The contributory (secondary or intercurrent) (Recommendations on statement of "Dropsy," "Exhaustion," (name origin; "Can-Examples:

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

AUG 4 1913 BURLLO, V.S.

BINDING MARGIN RESERVED FOR

N. B.—Every item of information should be earefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD

PLACE OF DEATH  Sounty Trederica 9666	STATE OF MARYLAND CERTIFICATE OF DEATH
2 1	Registered No. 140
Village or City Ladies burgs	St; Ward)  [It deeth occurred in a hospital or institution, give its NAME instead
FULL NAME John Ame	riem Haugh. et street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDIGAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, MARRIED, WIDOWED, OR DIVORCED (Write the word)	18 DATE OF DEATH  (Month)  (Day)  (Year)  17   HEREBY CERTIFY, That I attended deceased from
Month (Day) (Tear)	July 18, 1913 to July 20, 1913, that I last saw home alive on July 20, 1913
7 AGE  5 8 yrs 7 mos. 20 ds. or min.?	and that death occurred on the date stated above, at
(a) Trade, profession, or Jaweler of their particular kind of work for the state of	Genebral heworkage
business, or establishment in which employed (or employer)	(Duration) yrs mos ds.
9 BIRTHPLACE (State or country) Mary Land	Gontributory (Secondary) (Duration) A yrs. mos. ds.
10 NAME OF I m H, Haugh.	(Signed) Mas. N. Diller, M.D.
11 BIRTHPLACE OF FATHER (State or country)  Mary Land  12 Maiden NAME OF MOTHER  46  16  17  18  18  19  19  10  10  10  10  10  10  10  10	State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accident
a si, w. wearrure	TAL, SUICIDAL, OF HOMICIDAL.  18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)
13 BIRTHPLACE OF MOTHER (State or country) Mary Cand	At place in the of death yrs mos ds. State yrs, mos ds. Where was disease contracted.
informant) after Haugh	if not at place of death?
(Address) Collean pring, Md-	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
Filed feeling 21, 1913 L. C. forwill	20 UNDERTAKER ADDRESS
REGISTRAR  If more blanks are needed, address State Begistra	r, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Fublic Health Association.]

\*\*Manager," "Dealer," etc., without more precise speciwho have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). For persons CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Scrvant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care duties of the household only (not paid Housekeepers fication, as Day laborer, Farm laborer, Laborermaterial worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. essary to know (a) the kind of work and also (b) Physician, Compositor, Architect, Locomotive engineer, tion is very important, so that the relative heaithful-(a) Spinner, (b) Cotton mill; (a) Salesman, (b) For many occupations a single word or term on the ness of various pursuits can be known. The question Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the As examples:

Statement of cause of death—Name, first, the disease causing death—Name, first, the disease causing deficient with respect to time and causation), using always the same accepted term for the same disease. Examples: Ccrebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhold pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tubercubosis of lungs, meninges, peritonacum, etc.. Carcin-

ture of the American Medical Association.) cause of death approved by Committee on Nomencla. "Contributory." sepsis, tetanus) may be stated under the head injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned such, if impossible to determine definitely. ACCIDENTAL SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. childbirth or miscarriage, as "Purpresal septichac etc., when a definite disease can be ascertained as the genitai," "Collapse." "Coma," "Convuisions," "Debility" ("Conaffection need not be stated unless important. Accidental drowning; Struck by railway train-accimus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Maras. thenla." "Anaemia" (merely symptomatic), "Atrophy," Bronchonncumonia (secondary), 10 ds. Never report ampie: Measics (disease causing death), 29 ds., valvular heart disease; Chronic interstitial nephritis nant neopiasms) : Measles; Whooping cough: Chronic oma. Sarcoma. etc., of mere symptoms or terminal conditions, such as "Asis less definite; avoid use of "Tumor" for malig The contributory (secondary or intercurrent) "PUERPEBAL peritonitis," Always qualify all diseases resulting from "Senile." etc.), (Recommendations on statement of "Dropsy," "Exhaustion," etc. State cause for (name origin; "Can-Examples:



Village or city Frederick (No. 619)	give Its NAME In:
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Flessale White (Write the word)	16 DATE OF DEATH (Month) (Day (Ye
6 DATE OF BIRTH  May 12, 1913  (Month) (Day (Year)	that I last saw Karalive on 191.
7 AGE   It LESS than 1 day,	and that death occurred on the date stated above, at
(a) Trade, protession, or particular kind of work.  (b) General nature of Industry,	Fartin
business, or establishment in which employed (or employer)	(Duration) yrsmos
business, or establishment in which employed (or employer)  BIRTHPLACE (State or country)  Manyland	Contributory Secondary (Duration) yrs mos mos mos mos
business, or establishment in which employed (or employer)  BIRTHPLACE (State or country)  10 NAME OF FATHER Coleman Hildsbraue  11 BIRTHPLACE	Contributory Secondary  (Signed)  (Signed)  (Address)  (Address)
Dusiness, or establishment in which employed (or employer)  BIRTHPLACE (State or country)  10 NAME OF FATHER Oblinan Bildsbrane  11 BIRTHPLACE OF FATHER (State or country) Mo anyland  12 MAIDEN NAME OF MOTHER BABEL B, Sameltar	(Signed)  *State the Disease Causing Death, or, in deaths from Vic Causes, state (1) Means of Injury; and (2) whether Acc.
business, or establishment in which employed (or employer)  BIRTHPLACE (State or country)  Manyland  10 NAME OF FATHER (Oleman Holdsbrane OF FATHER (State or country) Manyland  11 BIRTHPLACE OF FATHER (State or country) Manyland  12 MAIDEN NAME OF MOTHER	(Signed)  *State the Disease Causing Death, or, in deaths from Vic Causes, state (1) Means of Injury; and (2) whether Acc.
business, or establishment in which employed (or employer)  BIRTHPLACE (State or country)  Manyland  10 NAME OF FATHER Obleman Bildsbrane  11 BIRTHPLACE OF FATHER (State or country) Manyland  12 MAIDEN NAME OF MOTHER OF MOTHER (State or country) Manyland  13 BIRTHPLACE (State or country) Manyland  13 BIRTHPLACE OF MOTHER (State or country) Manyland	Contributory Secondary  (Signed)  State the Disease Causing Death, or, in deaths from Vicauses, state (1) Means of Injury; and (2) whether Accurate, Suicidal, or Homicidal.  18 Length of Residence (for Hospitals, Institutions, Trans or Recent Residents) At place In the ot death yrs. mos. ds. State yrs, mos  Where was disease contracted.

\$667

STATE OF MARYLAND

1 PLACE OF DEATH

[Approved by U. S. Census and American Public Health Association.]

of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. duties of the household only (not paid Housekeepers mine, etc. "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. additional live is provided for the latter statement; the nature of the business or industry, and therefore an cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question cated thus: CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has who receive a definite salary), may be entered as fication as Day laborer, Farm laborer, Laboreressary to know (a) the kind of work and also (b) For many occupations a single word or term on the who have no occupation whatever, Housewife, Housework, or At Home, and children, not Statement of occupation-Precise statement of occupa-Spinner, is very important, so that the relative healthful-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," Farmer (retired 6 yrs.) For persons (b) Cotton mill; (a) Salesman, write None. As examples: "Foreman,"

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is Indefinite): Tubercu-lesis of lungs, meninges, peritonaeum, etc., Carcin-

valvular heart disease; Chronie interstitial nephritis. nant neoplasms); Measles; Whooping cough; Chronic mia," "Puerperal peritonitis," etc. State cause for childbirth or miscarriage as "Puebperal septichaemus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or Bronehopneumonia (secondary), 10 ds. affection need not be stated unless important. cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of...... (name origin; "Cancause of death approved by Committee on Nomencla-"Contributory." injury, as fracture of skull, and consequences (e. g., such, If impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, or as probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. etc., when a definite disease can be ascertained as the "Collapse," "Coma," "Convulsions," "Debility" ("Conture of the American Medical Association.) by earbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-The contributory (secondary or Intercurrent) tetanus) may be stated under the head Always qualify all diseases resulting from Measles "Senile," etc.), (Recommendations on statement of (disease causing terminal conditions, such as "As-"Dropsy," dcath), 29 ds.; "Exhaustion," Never report For VIO-

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

BUREAU, V. S.

BINDING FOR F ESERV MARGIN

#### should ion is OCCUPATION PHYSICIANS **Exact statement** PERMANENT classified. 4 pe S THIS properly NK supplied. pe UNFADING may that should 0 plain Instructions Information = DEATH WRITE ō Item OF mportant. Every Ite

13 BIRTHPLACE

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OF MOTHER (State or country

Very

9668 STATE OF MARYLAND 1 PLACE OF DEATH CERTIFICATE OF DEATH Registered No lif death occurred in .....Ward) a hospital or institution. give its NAME instead of street and number.] MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 18 DATE OF DEATH S SINGLE. 3 SEX 4 COLOR OR RACE MARRIED. WIDOWED, (Month) (Year) Write the word) deceased from 6 DATE OF BIRTH (Day) (Year) (Month) If LESS than 7 AGE 1 day ..... hrs. OR ..... min. ? SOCCUPATION (a) Trade, profession, or (b) Beneral nature of industry, business, or establishment in which employed (or employer) ..... Contributory 9 BIRTHPLACE (State or country) (Secondary (Duration) 10 NAME OF FATHER (Signed) 11 BIRTHPLACE ARENT OF FATHER (State or country) State the DISMASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDEN-TAL, SUICIDAL, OF HOMICIDAL. 12 MAIDEN NAME OF MOTHER 0

Former or

usual residence.

Mr Oliver Ceme Cary July 15 , 191

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If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health
Association.]

cated thus: Farmer (retired 6 yrs.). CAUSING DEATH, state occupation at beginning of illshould be taken to report specifically the occupations mine, etc. Women at home, who are engaged in the duties of the household only (not paid Housekeepers "Manager," "Dealer," etc., without more precise specimaterial worked on may form part of the second Greery; (a) Foreman, (b) Automobile factory. applies to each and every person, irrespective of age. ness of various pursuits can be known. The question who have no occupation whatever, write None. been changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. of persons engaged in domestic service for wages, as gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as fication, as Day laborer, Farm laborer, Laborer—Coal statement. it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know cases, especially in industrial employments, it is nec-Civil engineer, Stationary Areman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-Spinner, If retired from business, that fact may be indi-Never return "Laborer," (b) Cotton mill; (a) Salesman, (a) the kind of work and also (b) If the occupation has For persons "Foreman," (6)

Statement of cause of death—Name, first, the disease causing death—In any affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcin-

cause of death approved by Committee on Nomencla-"Contributory." sepsis, tetanus) injury, as fracture of skull, and consequences (e. g., such, if impossible to determine definitely. LENT DEATES State MEANS OF INJUST and qualify as which surgical operation was undertaken. For viomia," "PUERPERAL peritonitis," etc. childbirth or miscarriage, as "Purrerral septichaecause. Always qualify all diseases resulting from etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weaknese," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), thenia," "Anaemia" (merely symptomatic), "Atrophy," ample: Measles (disease causing death), 29 ds.; affection need not be stated unless important. nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for mailgture of the American Medical Association.) by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Potsoned Accidental drowning; Struck by railroay train—aect-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably "Collapse." "Coma," "Convulsions," "Debility" ("Conmere symptoms or terminal conditions, such as "Asvalvular heart disease; Chronic interstitial nephritis Bronchopneumonia (secondary), 10 ds. Never report Sarcoma. etc., of ... The contributory may be stated under the head (Recommendations on statement of (secondary or intercurrent) "Dropsy," "Exhaustion," (name origin; "Can-State cause for Examples:

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently flied.

AUG 5 1918
BUREAU, V.S.

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RECORD	PHYSICIAN of OCCUP.
WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD	Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUP, important. See instructions on back of certificate.
. WITH UN	hould be carellerms, so that
TE PLAINLY,	Every item of information should be carefully su CAUSE OF DEATH in plain terms, so that it mimportant. See instructions on back of certificate.
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PARENTS

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9 BIRTHPLACE (State or country)

10 NAME OF FATHER

11 BIRTHPLACE

12 MAIDEN NAME

13 BIRTHPLACE

(Intormant) --

OF MOTHER

	ACE OF DEATH	966	9.	STATE OF MARY CERTIFICATE OF Registration Dist.	DEATH
	City State Sanz		0	St.; Ward)	[If death occurred in a hospital or institution, give its NAME Instead of street and number.]
PER	SONAL AND STATISTIC	CAL PARTICULA	RS	MEDICAL CERTIFICATE OF DE	ATH
3 <sub>SEX</sub>	4 COLOR OR RACE	5 SINGLE, MARRIEO, WIDOWOO, ORDIVORCE (Write the wor	rried	18 DATE OF DEATH July (Month)	
6 DATE OF BI		1 Otl		17 I HEREBY CERTIFY, That I attermed that I last saw him. alive on	y 2nd 191 3,
7 AGE	43 yrs. 4		it LESS than t day,hrs.	and that death occurred on the date stated about the CAUSE OF DEATH* was as follows:	
8 OCCUPATIO (a) Trade, protes particular kind o	sion, or Clothes	Presser		Pulmonary Tuberculosis Tuberculous Laryngitis	
(b) General natu business, or es	re ot industry,			(Ouration) 3.(2.) yi	'S mos. ds.

3. from 3. 1.3. a.m ds. which employed (or employer) ..... Contributory ..... (Secondary) Russia (Signed) Aaron Hoffman July 2nd 1913 (Address) State OF FATHER (State or country) Russia \*State the DISEASE CAUSING DEATH, or, in deaths from CAUSES, state (1) MEANS OF INJURY; and (2) whether A CIDEN-TAL, SUICIDAL, OF HOMICIDAL. Unknown 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS OR RECENT RESIDENTS) At place In the OF MOTHER (State or country) Russia State 23?yrs. of death - yrs. 1 mos. 4 ds. Where was disease contracted. 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE Probably at work. It not at place of death?. Isaac Hoffman usual residence 520 N. Central Ave. Balto. Md. 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL (Address) 520 N. Central Avo. Balto. Baltimore City Unknown....., 1913. 20 UNDERTAKER ADDRESS REGISTRAR M. L. Craeger Thurmont, Md. If more blanks are needed, address State Regis trar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.). CAUSING DEATH, state occupation at beginning of illof persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care duties of the household only (not paid Housekeepers statement. Never return "Laborer," "Foreman," material worked on may form part of the second additional line is provided for the latter statement the nature of the business or industry; and therefore an who have no occupation whatever, write None. been changed or given up on account of the DISEASE Scrvant, Cook, Housemaid, etc. If the occupation has Housewife, Housework, or At Home, and children, not who receive a definite sainry), may be entered as fleation, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise speci-Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. As examples: essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age ness of various pursuits can be known. The question tion is very important, so that the relative healthful-(a) Spinner, For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the (b) Cotton mill; (a) Salcsman, For persons 9

Statement of cause of death—Name, first, the diblease causing death—In any affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcin

cause of death approved by Committee on Nomencla Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. mia," "Tuerperal peritonitis," etc. childbirth or miscarriage, as "Purreral scotichaeetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Contributory." scpsis, tetanus) dent; Revolver wound of head-homicide; Polsoned thenia," "Anaemia" (merely symptomatic), "Atrophy," affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronic er" is less definite; avoid use of "Tumor" for mails oma. Sarcoma. etc., of ture of the American Medical Association.) injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. "Hart failure," "Haemorrhage," "Inanition," "Maras "Collapse." "Coma," "Convulsions," "Debility" ("Conmere symptoms or terminal conditions, such as "As Bronchopncumonia (secondary), 10 ds. ample: Measles (disease causing The contributory Always qualify all diseases resulting from "Senile." etc.), (Recommendations on statement of may be stated under the head (secondary or intercurrent) "Dropsy," "Exhaustion," "Traemla," "Weakness," (name origin; "Can death), 29 ds. State cause for Never report Examples: For vio-10

If this certificate is looked over thoroughly and all queetions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

BUREAU, V.S.

	Every Item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.
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STATE OF CERTIFICATION Region COUNTY Treducing STATE OF CERTIFICATION Region Re

#### STATE OF MARYLAND CERTIFICATE OF DEATH

Registered	No. / 3/
Ward)	[If death occurred I a hospital or Institution

Village or City Dr	edericle	(No. 129	East	Sixth	St;	Ward
2 FILL NAME	11	i Ra	uch	9	٧.	

a hospital or Institution, give its NAME instead of street and number.]

PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Final ACOLOR OR RACE SINGLE, MARRIED, WIDOWED, ORDIVORCED (Write the word)	16 DATE OF DEATH (Month) (Day) (Year)
TAGE    Court   Court	that I last saw he alive on July 28, 1913  that death occurred on the date stated above, at many the CAUSE OF DEATH* was as follows:
8 OCCUPATION (a) Trade, profession, or particular kind of work	Deven Mos foctus.  Duantion  (Duration) yrs. mos. ds
State or country) Frederick Mury Co.  10 NAME OF FATHER Charles C. Hauck  11 BIRTHPLACE OF FATHER (State or country) Bultumore Md.  22 Maiden NAME OF STATES OF MOTHER OF MOTHER	(Signed) (Si
OF MOTHER  13 BIRTHPLACE OF MOTHER (State or country)  14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  (Informant)  Lower  Lower  (Informant)	18 LENGTH OF RESIDENCE (FOR HOSPITALS. INSTITUTIONS, TRANSIENTA OR RECENT RESIDENTS)  At place In the of death
Address) 129 & Cith St.  Filed Fully 29, 1913 Sanday Mc Laurch Registran  If more blanks are needed, address State Registrar	19 PLACE OF BURIAL OR REMOVAL  DATE OF BURIAL  DATE OF BURIAL  20 UNDERTAKER  ADDRESS  Frederich Mel

[Approved by U. S. Census and American Public Health Association.]

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Statement of cause of death.—Name, first, the dibrabe causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerchrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Tncumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonacum, etc.. Carcinosis of lungs, meninges, peritonacum, etc.. Carcinosis

ture of the American Medical Association.) "Contributory." such, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably mus," "Old Age," "Shock," "Uraemia," "Weakness," cause of death approved by Committee on Nomencla injury, as fracture of skuil, and consequences (e. g., by earbolic acid-probably suicide. The nature of the dent; Revolver nound of head-homicide; Poisoned LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. mia," "Puenpenal peritonitie," etc. State cause for childbirth or miscarriage, as "Puerperal septichacetc., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile." etc.), "Dropsy," "Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," merc symptoms or terminal conditions, such as "As-Bronchopncumonia (secondary), 10 ds. Never report ample: Measles (disease causing affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronio cer" is less definite; avoid use of "Tumor" for mails Accidental drowning; Struck by railway train—accioma. Sarcoma. etc., of . The contributory (secondary or intercurrent) tetanus) may be stated under the head Always qualify all diseases resulting from (Recommendations on statement of (name origin; "Candeath), 29 "Exhaustion," Examples: For vio-



- PLACE OF DEATH	STATE OF MARYLAND
	CERTIFICATE OF DEATH
Gounty Francisco S671	Registration Dist. No. 132
P. D. S. C.	XV. The first state of the stat
Village or City Dulivar (No.	St; Ward) a hospital or institution.
	give Its NAME Instead
FULL NAME Hacob A	of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE SEINGLE,	16 DATE OF DEATH July 19 1913
male white (mounted groupsecto word)	(Month) (Day) (Year)
	17 I HEREBY CERTIFY, That I attended deceased from
S DATE OF BIRTH	July 1913 to July 19 1913.
(Month) (Day) (Year)	that last saw h ismally on Pull 19 1913
7 AGE I LESS than	and that death occurred on the date stated above at b
1.day,hrs.	The CAUSE OF DEATH* was as follows:
yrs omos os or	Pancer of Stomach
(a) Trade, profession, or	
particular kind of work. Our fine	
(b) General nature of industry, business, or establishment in	(Duration) Semery frs. mos ds.
which employed (or employer)	a sice de la companya della companya de la companya de la companya della companya
9 BIRTHPLACE (State or country)	(Secondary)
Mary Eurol	(Duration) yrs mos / 4 ds.
ONAME OF TATHER	(Signed) Clessechly
Lacob Howel	
To Marden Name  OF MOTHER  OF MOTHER  OF MOTHER  OF MOTHER	July 21 1913 (Address) By Eddlelower had
(State or country) murginal	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDEN-
MAIDEN NAME	TAL, SUICIDAL, OF HOMICIDAL.
13 BIRTHPLACE	16 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS,
OF MOTHER (State or country) Many Carrier	At place In the of death yrs, mos, ds. State yrs, mos, ds
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted,
Mest I Hould	If not at place of death?
(Informant)	usual residence
(Address) Much chelown Mc	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
16 1	midelelowie (Md July 20, 1915
Filed July 21, 191 3 1 m + cle	20 UNDERTAKER ADDRESS
REGISTRAR	William + Bast Boonsbow her
If more blanks are needed, address State Regis trar, 6	E. Frankiln St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.). of persons engaged in domestic service for wages, as should be taken to report specifically the occupations duties of the household only (not paid Housekeepers fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise speci who have no occupation whatever, write None. CAUSING BEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. statement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question (a) Spinner, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman," (b) Cotton mill; (a) Salesman, For persons (0)

Statement of cause of death—Name, first, the disease causing death—Name, first, the disease causing death—Name affection with respect to time and causation), using always the same accepted term for the same disease. Examples: \*Cercbrospinal fever (the only definite synonym is \*Epidemic cere-brospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid diseasended); Lodar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tubercutosis of lungs, meninges, peritonaeum, etc.. Carcin-

childbirth or miscarriage. as "Purreneal septiehaeture of the American Medical Association.) cause of death approved by Committee on Nomencla "Contributory." sepsis, tetanus) may be stated under the head injury, as fracture of skull, and consequences (e. g., dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch. If impossible to determine definitely. which surgical operation was undertaken. For viomia," "PUERPERAL peritonitis," etc. etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," 'Traemia," "Weakness," "Hart failure," "Haemorrhage," "Inanition," "Marasgenital," "Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asample: Meastes (disease causing affection need not be stated unless important. nant neoplasms); Measles; Whooping cough; Chronic by carbolic acid—probably suicide. The nature of the ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJUSY and qualify as Bronchopneumonia (secondary), 10 ds. Never reporvalvular heart disease; Chronic interstitial nephritis er" is less definite; avoid use of "Tumor" for malig oma. Sarcoma. etc., of \_\_ The contributory (secondary or intercurrent Always qualify all diseases resulting from "Senile." etc.), (Recommendations on statement of "Dropsy," "Exhaustion," ... (name origin; "Can death), 29 State cause for Examples: 20

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

AUG 5 1913
BUREAU, V.S.

CALL	inty Trederick	CERTIFICATE OF DEATH
oou		Registration Dist. No. /3/
	FULL NAME Nathan M	Moshital St.; Ward)  [If death occurred in a hospital or institution, give its NAME instead of street and number.]
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SE	4 COLOR OR RACE  Sole White Single, Married Willowed, ORDIVORCED (Write the word)	16 DATE OF DEATH  (Mopple)  (Day (Year)
DA	Nov 47 , 861   (Month) (Day (Year)	that I last saw h m. alive on July 26, 191
7 A G		and that death occurred on the date stated above, at 7 20 4.  The CAUSE OF DEATH* was as follows:
(a) pari	Trade, profession, or Banker dicular kind of work	Warcinoma of Problet Glans
busit	ness, or establishment in the amployed (or employer)	Contributory Hemorrhage
	10 NAME OF FATHER OF	Secondary  (Signed)  Secondary  (Signed)  Secondary  (Signed)  M.  (Signed)
ENTS	11 BIRTHPLACE OF FATHER (State or country) Mooneland	State the DISEASE CAUSING DEATH, or, in deaths from Violes
PARE	12 MAIDEN NAME OF MOTHER Maria & Hamus	CAUSES, state (1) MEANS OF INJURY; and (2) Whether ACCIDE TAL, SUICIDAL, OF HOMICIDAL.  LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENT OR RECENT RESIDENTS)
14 -	13 BIRTHPLACE OF MOTHER (State or country) Moansland	At place of death yrs. mos. 8 ds. State 57 yrs. mos. 25 Where was disease contracted,
_	Mess Cleaner Mon Johnson	If not at place of death?  Former or  usual residence.  Baltimore
	1	PLACE OF BURIAL OR REMOVAL DATE OF BURIAL

STATE OF MARYLAND

9672

1 PLACE OF DEATH

[Approved by U. S. Census and American Public Health Association.]

\*mine, etc. cases, especially in industrial employments, it is necapplies to each and every person, irrespective of age. ness of various pursuits can be known. The question Servant, Cook, Housemaid, etc. If the occupation has should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not duties of the household only (not paid Housekcepers fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatemeut. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. additional live is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the who have no occupation whatever, CAUSINO DEATH, state occupation at beginning of illof persons engaged in domestic service for wages, as who receive a definite salary), may be entered as (a) Spinner, (b) Cotton mill; (a) Salesman, been changed or given up on account of the disease Statement of occupation-Precise statement of occupais very important, so that the relative healthfulthus: If retired from business, that fact may be indi-Women at home, who are engaged in the Never return Farmer (retired 6 yrs.) For persons "Laborer," write None. As examples: "Foreman," (b)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meuingitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tubercucisis of lungs, meninges, peritonaeum, etc., Carcin-

valvular heart disease; Chronic interstitial nephritis, uant neoplasms); Measles; Whooping cough; Chronic cause of death approved by Committee on Nomenclainjury, as fracture of skuli, and consequences (e. g., by earbolic acid-probably suicide. The nature of the such, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. mia," "Puerperal peritonitis," etc. State childbirth or miscarriage as "Puerperal septichaeetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. affection need not be stated unless important. oma, Sarcoma, etc., of...... (name origin; "Canture of the American Medical Association.) "Contributory." dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-aeciis less definite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) tetanus) may be stated under the head Always qualify all diseases resulting from Measles (disease causing death), 29 ds.; "Senile," etc.), (Recommendations on statement of "Dropsy," "Exhaustion," Never report cause for For vio-



N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD MARGIN RESERVED FOR BINDING V. S. No. 1.

County FINAL S673	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist, No. / 3
Village or City Dueley Com (No. 2014)	St.; Ward)  [If deeth occurred in a hospital or institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE,	16 DATE OF DEATH
Man What where of the word	(Month) (Day) (Year)
8 DATE OF BIRTH Dre, 28 1912	July 30, 1913, to July 3/ 1913.
(Month) (Day) (Year)	that I last saw h alive on
7 AGE If LESS than \$ day,hrs.	and that death occurred on the date stated above, at
yrsds. ORmin.?	The CAUSE OF DEATH * was as Jollows:
8 OCCUPATION (a) Trade, profession, or particular kind of work	
(b) General nature of Industry, business, or establishment in	
which employed (or employer)	Moderation yrs. mos 2 ds.
9 BIRTHPLACE (State or country)	(Secondary)
10 NAME OF WW. R. / Celine	(signed) tolyal (wranted) yrs. mos. / ds.
OF FATHER	1913 (Address) Duelup Com
The state of country of the state of mother of	*State the DISEASE CAUSING DEATH, or, In deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
a / Slevel Chload	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)
13 BIRTHPLACE OF MOTHER (State or country)	At place In the of death yrs, mos ds. State yrs, mos ds.
14THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of death?
(informant) Cour/ Cellur	Former or usual residence
Brahaulaus.	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
(Address) // July 15	preside any 1913
Filed Holy 31, 1913 Toly Musin REGISTRAN	20 UNDERTAKER ADDRESS
f more blanks are needed, address State Regis trar, 6	E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The (a) Spinner, (b) Cotton mill; (a) Salcsman, it should he used only when needed. additional line is provided for the latter statement; the nature of the husiness or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from husiness, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," As examples: For persons "Foreman," 9

Statement of cause of death—Name, first, the disease causing death—Name, first, the disease causing disease accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchogneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonacum, etc.. Carein-

ACCIDENTAL, SUICIDAL, OF HOMICIDAL, or as probably mia," "PUEBPEBAL peritonitis," etc. childbirth or miscarriage, as "Turrerral septichaemus," "Old Age," "Shock," "Traemia," "Weakness," "Hart failure," "Haemorrhage," "Inanition," "Marascause of death approved by Committee on Nomencla "Contributory." injury, as fracture of skull, and consequences (e. g., Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. etc., when a definite disease can be ascertained as the thenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asaffection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis nant neophasms); Measles; Whooping cough; Chroniu oma. Sarcoma. etc., of .. ture of the American Medical Association.) by carbolic acid—probably suicide. dent; Revolver wound of head-homicide; Poisoned "Collapse." "Coma," "Convulsions," "Debility" ("Con-Bronchopneumonia (secondary), 10 ds. ample: Measles (disease causing death), 29 ds.: ter" is less definite; avoid use of "Tumor" for mails The contributory (secondary or intercurrent) tetanus) Always qualify all diseases resulting from "Senile," etc.), (Recommendations on statement of may he stated under the head of "Dropsy," "Exhaustion," (name origin; "Can The nature of the State cause for Never report Examples:



DNIONIB SERVED Ш Œ MARGIN

Very PHYSICIANS should of OCCUPATION IS RECORD statemen PERMANENT classified. 4 pinous properly INK supplied. pe UNFADING may certificate. that Jo WITH back terms, should UO PLAINLY, plain Instructions Information 드 DEATH WRITE jo Item OF mportant. Every Ite 0 ż

1 PLACE OF DEATH STATE OF MARYLAND CERTIFICATE OF DEATH Registered No. It death occurred in Ward) a hospital or institution. give its NAME Instead of street and number. 1 MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 16 DATE OF DEATH 3 SEX 5 SINGLE. MARRIED. WIDOWED, ORDIVORCED (Write the word) I HEREBY CERTIFY, That I attended deceased from 6 DATE OF BIRTH (Year) (Month) (Day) 7 AGE It LESS than and that death occurred on the date stated above, at .... 1 day ..... hrs. OR ..... min. ? 8 OCCUPATION (a) Trade, profession, or particular kind of work (b) General nature of Industry. business, or establishment in which employed (or employer) ..... Contributory 9 BIRTHPLACE (State or country) (Secondary) 10 NAME OF FATHER 11 BIRTHPLACE ARENT OF FATHER (State or country) \*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDEN-12 MAIDEN NAME TAL, SUICIDAL, OF HOMICIDAL. 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 13 BIRTHPLACE At place in the OF MOTHER (State or country) ..... yrs. ..... mos. ..... ds. State ..... yrs, \_\_\_\_ Where was disease contracted. it not at place of death? (Address 15 Filed. REGISTRAR

1913 For an account of the Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

"Manager," "Dealer," etc., without more precise specification, as Day laborer, Farm laborer, Laborer-Coal duties of the household only (not paid Housekeepers statement. Grocery; (a) Foreman, (b) Automobile factory. the nature of the business or industry, and therefore an cases, especially in industrial employments, it is necness of various pursuits can be known. The question who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). CAUSING DEATH, state occupation at beginning of ilibeen changed or given up on account of the DISTASE Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as material worked on may form part of the second it should be used only when needed. additional line is provided for the latter statement; Physician, Compositor, Architect, Locomotive engineer, first ilne will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. tion is very important, so that the relative healthfulmine, etc. essary to know (a) the kind of work and also (b) Civil engineer, Stationary freman, etc. But in many For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-Spinner, (b) Cotton mill; (a) Salcsman, (b) If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," As examples: For persons "Foreman,"

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PERMANENT

	Fredb 9675	CERTIFICATE OF DEATH
6	ounty INAK	Registration Dist. No. 132
v	$\rho \sim \rho c$	St.; Ward)  [If death occurred is a hospital or institution give its NAME instead of street and number.]
	FULL NAME (MM) CM	Reller
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
35	male White (Write the word)	18 DATE OF DEATH (Mouth) (Day) (Year)  17 I HEREBY CERTIFY, That I attended deceased from
6 D	ATE OF BIRTH  (Mouth) (Day) (Year)	that I last saw her allve on July 3/ 1913
7 A	It LESS than 1 day,hrs.	and that death occurred on the date stated above, at
	CCUPATION // Mos. / S ds.   OR min.?	Diabetis Mellitus
pai	Trade, profession, or touse Wife ricular kind of work touse Wife	
bus	General nature of Industry, iness, or establishment in ich employed (or employer)	(Duration)
9 81	RTHPLACE tate or country)  Md	(Secondary)
S	10 NAME OF Harman R3msbug	(Signed) R V Hawer , M. D.
HNH	OF FATHER (State or country)	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDEN.
PAR	of MOTHER Many & Lighter	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)
	13 SIRTHPLACE OF MOTHER (State or country)	At place in the ot death yrs mos ds. State yrs mos ds
	(Informant) I harles Keller	Where was disease contracted, If not at place of death? Former or usual residence
	(Address) Middle trom	19 PLACE OF BURIAL OF REMOVAL DATE OF BURIAL
16. FI	led aug 1 1913 & m & seet	20 UN DERTAKER  ADDRESS  ADDRE
	REGISTRAR	I H LITE VIA CON CHENCE IN

If more blanks are needed, address State Regis trar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

STATE OF MARYLAND

1 PLACE OF DEATH

[Approved by U. S. Census and American Public Health Association.]

CAUSING DEATH, state occupation at beginning of Illof persons engaged in domestic service for wages, as gainfully employed, as At school or At home. Care duties of the household only (not paid Housekeepers fication, as Day laborer, Farm laborer, Laborer-Coal material worked on may form part of the second it should be used only when needed. As examples: Civil engineer, Stationary freman, etc. But in many first line will be sufficient, e. g., who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). been changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has should be taken to report specifically the occupations Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. "Manager," "Dealer," etc., without more precise specistatement. Grocery; (a) Foreman, (b) Automobile factory. The (a) Spinner, (b) Cotton mill; (a) Salesman, additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursults can be known. The question tion is very important, so that the relative Lealthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never. return "Laborer," "Foreman," Farmer or Planter, For persons 9

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Ccrebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphiheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid neumonia"); Lobar pneumonia; Bronchopncumonia ("Pneumonia," unqualified, is indefinite); Tubercutosts of lungs, meninges, peritonaeum, etc.. Carcin-

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	s ve	C	ounty A	nede.	0010		CERTIFICATE O
	should ION is	0	Juli Cy				Registration Dis
	ATIO	v	illage or Cit	Tred	crichen	0 70	South St; Ward
CUP	SICIANS			7	/	, ,	
RECORD	of OC		²FULL	NAME Than	nil/E	essle	۲
H . #		PERSONAL AND STATISTICAL PARTICULARS					MEDICAL CERTIFICATE OF
ERMANEN	XACTL	351	enall	4 COLOR OR RACE	5 SINGLE, MARRIED, WIDOWED, ORDIVORCED (Write the Work	lingle	16 DATE OF DEATH July . (Month)
R	· ·	8 D	ATE OF BIRT	H 1	(write the wor	<u>a)</u>	17 HEREBY CERTIFY, THAT I
IS IS A Phould be stated classified.	10			Junit (Month	wry. 6	, 1/9/3 (Year)	that I last saw h ar allye on
	uld bu	7 A	GE		0	if LESS than	and that death occurred on the date stated a
	-		yrs				The CAUSE OF DEATH* was as follows:
<b>—</b>	AGE si properly	(a) Trade, profession, or o, +				Weute enlere	
Z		particular kind of work (b) General nature of industry,					
07	supplied. may be	business, or establishment in which employed (or employer)				(Duration)	
ADIN		9 BIRTHPLACE (State or country) 7				(Secondary)	
HND	carefully that It certifica	_	10 NAME OF	Irecle	rich i	uny.	(Duration)
	so t so t		FATHER lube. / Eissler				(Signed)
WITH	ທີ່ປີ	NTS	11 BIRTHPL OF FATF (State or	ACE			July 27, 191 (Address) (1) 191
	ter on	RE	12 MAIDEN	NAME 1	mger	M	*State the DISEASE CAUSING DEATH, or, in CAUSES, state (1) MEANS OF INJURY; and TAL, SUICIDAL, or HOMICIDAL.
N	plain ions	PA	OF MOT	HER Jold	Bril	l	18 LENGTH OF RESIDENCE (FOR HOSPITALS I
PLAINLY	in inct		OF MOTH (State or c	ACE HER country)	shia		OR RECENT RESIDENTS) At place In the ot death yrs mos ds. State
三三	of Infor DEATH See instr	147	HE ABOVE IS	TRUE TO THE BES	OF OF MY KNOW	LEDGE	Where was disease contracted, If not at place of death?
WRITE	CIL		(informant)	take gl	essple		Former or usual residence
			(Address)	E So	Ith S	#	19 PLAGE OF BURIAL OR REMOVALAN
	Every iten CAUSE OI Important.	15	0		1 1	1	Magerstown
	9.	Fil	led fraly	27,1913 Dr	dray m	Mound	120 UNDERTAKER
	ż	$=\epsilon$	TI D	nore blanks are need	ed, address State	Regis trans	E. Franklin St., Balto., Requesting V. S. No. 1.
		1	4	The second secon		- /	т. Б. 140. 1.

1 PLACE OF DEATH

. QETE

#### STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No

St.; Ward)

[If death occurred In a hospital or institution, give Its NAME Instead ot street and number.]

Ī	MEDICAL CERTIFICATE OF DEATH
١	
	16 DATE OF DEATH July . 26, 1913
l	(Month) (Day) (Year)
	17 HEREBY CERTIFY, That I attended deceased from 16, 1913, to 1914 26, 1913
	that I last saw h or allve on July 26, 1913
Ì	and that death occurred on the date stated above, at
	The CAUSE OF DEATH * was as follows:
	Acule enleritis
	Contributory E flace tion .
	(Signed) The Court of M. D.
	July 27, 191 ? (Address) Wim In Smith.
	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL.
	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)
	At place In the ot death yrs mos ds. State yrs, mos ds
	Where was disease contracted, If not at place of death?
	Former or usual residence
	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
-	120 UNDERTAKER ADDRESS
	ADDRESS

[Approved by U. S. Census and American Public Health Association.]

"statement. Grocery; (a) Foreman, (b) Automobile factory. cases, especially in industrial employments, it is necof persons engaged in domestic service for wages, as should be taken to report specifically the occupations duties of the household only (not paid Housekeepers fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specimaterial worked on may form part of the second it should be used only when needed. As examples:
(a) Spinner, (b) Cotton mill; (a) Salcsman, (b) applies to each and every person, irrespective of age. ness of various pursuits can be known. The question who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). CAUSING DEATH, state occupation at beginning of Illbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. additional line is provided for the latter statement; the nature of the business or industry; and therefore an essary to know (a) the kind of work and also (b) Civil engineer, Stationary freman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, Physician, Compositor, Architect, Locomotive engineer, For many occupations a single word or term on the tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman," For persons

Statement of cause of death—Name, first, the disease causing death—Name, first, the disease causing death—Name, first, the disease causing death always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid deumonia"); Lobar pneumonia; Bronchopncumonia ("Pneumonia," unqualified, is indefinite); Tuberculosts of lungs, meninges, peritonaeum, etc.. Carcinosts

childbirth or miscarriage, as "Purremeal septichaethonia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse." "Coma," "Convulsions," "Debility" ("Connant neoplasms); Measles; Whooping cough; Chronic such, If Impossible to determine definitely. mia," "Puerperal peritonitis," etc. State cause for etc., when a definite disease can be ascertained as the valvular heart disease; Chronic interstitial nephritis er" is less definite; avoid use of "Tumor" for malig oma. Sarcoma. etc., of \_ ture of the American Medical Association.) cause of death approved by Committee on Nomencla "Contributory." sepsis, tctanus) injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. dent; Revolver wound of head-homicide; Polsoned ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. For vio--Hart failure," "Haemorrhage," "Inanition," "Maras mere symptoms or Bronchopneumonia (secondary), 10 ds. Never report ample: Measles (disease causing affection need not be stated unless important. Accidental drowning; Struck by railway train-acci-The contributory (secondary or intercurrent) "Old Age," "Shock." 'Uraemla," "Weakness," Always qualify all diseases resulting from "Senile," etc.), "Dropsy," "Exhaustion," may be stated under the head (Recommendations on statement of terminai conditions, such as "As-(name origin; "Can-The nature of the death), 29 ds.: Examples:



#### ENT RECORD BINDING WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMA MARGIN RESERVED FOR

S. No. 1.

N. B.—Eyery litem of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

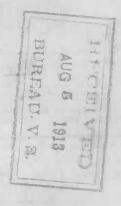
	PLACE OF DEATH S677	STATE OF MARYLAND
Co	unty Frederick	CERTIFICATE OF DEATH
		Registration Dist, No.
Vi	liage or City trederich (No. 227,	[If death occurred in a hospital or institution, give its NAME Instead of street and number.]
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SE	4 COLOR OR PACE 5 SINGLE,	16 DATE OF DEATH
,	Male While (Write the word)	(Month) (Day) (Year)  17 I HEREBY CERTIFY, That I attended deceased from
6 D/	TE OF BIRTH 7 23 19/3	mly 25, 191 3, to July 25, 191 3,
_	(Month) (Day) (Year)	that viast saw in and on
7 AG	If LESS than 1 day,hrs. yrsmosds.	and that death occurred on the date stated above, at
(a) par	Trade, profession, or ticular kind of work.  General nature of industry,	Premalure birth
busi	ness, or establishment in Mone ch employed (or employer)  RTHPLACE ate or country)	Contributory Placenta Prairie (Secondary)
	Trederick	(Duration) X yrs x mos 5 ds.
	10 NAME OF FATHER Sluis Sources	(Signed) & Show N. D.
TS	11 BIRTHPLACE OF FATHER (State or country) & and enich or country)	July 26,191 - 3 (Moress) F'rederick
ARENT	12 MAIDEN NAME OF MOTHER D.	*State the DISEASE CAUSING DEATH, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.
PA	13 BIRTHPLACE OF MOTHER (State or country)	1B LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)  At place In the of death yers many de Conte
14 <sub>T</sub>	THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	of death
	(Intormant)	usuai residence
15	(Address) 227W Salvech St.	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL July 27 1913
FII	BOJSILY 26, 1913 Dr. Classy, Milany REGISTRAD	20 UNDERTAKER ADDRESS  Jacky Frederich 7Md
-6	If more blanks are needed, address State Regis traff 6	The state of the s

[Approved by U. S. Census and American Public Health Association.]

who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). For persons CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers minc, etc. fication, as Day laborer, Farm laborer, Laborer-('oal "Manager," "Dealer," etc., without more precise speci-Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. As examples: additional line is provided for the latter statement the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age ness of various pursuits can be known. tion is very important, so that the relative healthfulmaterial worked on may form part of the second (a) Spinner, (b) Cotton mill; (a) Salesman, Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," The question "Foreman,"

Statement of cause of death—Name, first, the disease Causing death—Name, first, the disease to the and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcin-

ınus," childbirth or miscarriage. as injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the Accidental drowning; Struck by railway train-acct such, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. For viomia," "PUERPERAL peritonitis," etc. State cause for etc., when a definite disease can be ascertained as the "Hart fallure," "Haemorrhage," "Inanition," "Maras-"Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asaffection need not be stated unless important. valvular heart disease; Chronic interstitial rephritis nant neoplasms); Measles; Whooping cough; Chronic ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." sepsis, tetanus) dent; Revolver wound of head-homicide; Polsoned Bronchopneumonia (secondary), 10 ds. oma. Sarcoma. etc., of ... is less definite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent "Old Age," "Shock," "Traemla," "Weakness," Always qualify all diseases resulting from Measles (disease causing death), 29 de.: "Senile," etc.), (Recommendations on statement of may be stated under the head of "Dropsy," "Exhaustion," "PUERPEBAL septichae-... (name origin; "Can-Never report Examples:



N. B.

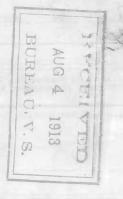
	PLACE OF DEATH	9678	STATE OF MARY	'LAND
C	ounty Frienck			128
V	illage or City Foundam Mills  FULL NAME (FEO.)	ge Fre	Registered St; Ward)	[it death occurred in a hospital or institution, give its NAME lostead of street and number.]
	PERSONAL AND STATISTICAL F	PARTICULARS	MEDICAL CERTIFICATE OF D	EATH
3 SI	) Wid	RRIED, Manuel ON	18 DATE OF DEATH (Month)  170  1 HERESY CERTIFY, That I att	9,1913 (Day) (Year)
	ATE OF BIRTH	(Day), 19/3	17 I HEREBY CERTIFY, That I att	9 , 191 3,
TA	S 3 yrs. 5 mos.	If LESS than f day,hrs.	and that death occurred on the date stated about the CAUSE OF DEATH * was as follows:	ove, at
(a) pai (b) bus	CCUPATION ) Trade, profession, or relicular kind of work		(Duration)	rs. 6 mos ds.
9 B	RTHPLACE tate or country) Maryla	ms	Contributory Secondary)  (Secondary)  (Duration)	ones de de
ARENTS	11 BIRTHPLACE OF FATHER (State or country)  12 MAIDEN NAME OF MOTHER	inley (	State the DISEASE CAUSING DEATH, or, in d CAUSES, state (1) MEANS OF INJURY; and (2 TAL, SUICIDAL, OF HOMICIDAL.	eaths from Vrorman
Δ,	13 BIRTHPLACE OF MOTHER (State or country)  Maryle	and		YIS, Mes, ds,
	E LIFE	MY KNOWLEDGE  My Ling  Dold.	Where was disease contracted, If not at place of death?  Former or usual residence.  19 PLACE OF BURIAL OR REMOVAL	ATE OF BURIAL
15 Fil	Column - 2 G. May	Taylor .  REGISTRAR	20 UNDERTAKER AD	DRESS
	If more blanks are neede	d, address State Registra	r, 6 E. Franklin St., Balto., Requesting V. S. No.	1.

[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.). For persons of persons engaged in domestic service for wages, as duties of the household only (not pald Housekeepers (a) Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The additional line is provided for the latter statement; the nature of the business or industry, and therefore an cases, especially in industrial employments, it is nec-CAUSING DEATH, state occupation at beginning of illshould be taken to report specifically the occupations gainfully employed, as At school or At home. fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second it should be used only when needed. who have no occupation whatever, write None. been changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. essary to know (a) the kind of work and also (b) Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," As examples: "Foreman,"

Statement of cause of death--Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritoricum, etc.. Carcin-

sepsis, tetanus) may be stated under the head of "Contributory." (Recommendations on statement of childblrth or miscarriage, as "Purremeal septicharture of the American Medical Association.) cause of death approved by Committee on Nomencla "Contributory." injury, as fracture of skuli, and consequences (e. g., dent : Revolver wound of head-homicide; Poisoned such, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. For viomia," "PUERPERAL peritonitis," etc. State cause for cause. etc., when a definite disease can be ascertained as the mus," "Old Age." "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenltai," "Senile." etc.), "Dropsy," "Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," ample: Measles (disease causing death), 29 ds., affection need not be stated unless important. nant neoplasms); Heasles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for mailg. by carbolic acid-probably suicide. The nature of the Accidental drowning; Struck by railway train-accimere symptoms or terminal conditions, such as "As-Bronchonncumonia (secondary), 10 ds. valvular heart disease; Chronic interstitial nephritis. oma. Sarcoma. etc., of The contributory Aiways qualify all diseases resulting from (secondary or intercurrent) (name origin: "Can-"Exhaustion," Never report Examples:



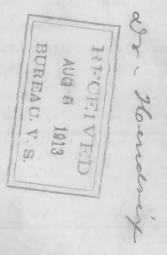
PLACE OF DEATH	9679	STATE OF MAI	RYLAND
County Frederick	0010	CERTIFICATE O	F DEATH
	0 2	Registration Dis	t. No. / 3/
-Village or City Frederice		Fourth St. 4 Ward)	[It death occurred in a hospital or institution, give its NAME instead of street and number.]
FULL NAME WOOD	thy 6.	Hiracofe.	
PERSONAL AND STATISTICAL PAR		MEDICAL GERTIFICATE O	F DEATH
MARRIE	D, /	DATE OF DEATH (Manyli)	2/ ,1913 (Day (Year)
6 DATE OF BIRTH	the word)	had a sail	attended deceased from
a) === ~	22 19/2	1913, to 1918	7 2 , 191 3
	Day (Year) tha	it I last saw h allve on full	42/ 1913
<sup>7</sup> AGE		that death occurred on the date stated	above, at Sisting
O yrs. 6 mos 2	9 ds. ORmin.?	CAUSE OF DEATH * was as follows:	
BOCCUPATION		acute Entered	no property
(a) Trade, protession, or particular kind of work		neur mero -	allels
(b) General nature of industry,			* * * * * * * * * * * * * * * * * * *
business, or establishment in which employed (or employer)		(Duration)	yrs. mos. 1 4 ds
9 BIRTHPLACE (State or country)		Contributory Cerebral I	uningite
(State or country) Manylar	ed	Couveling ( Duration /	3
10 NAME OF OI	01	( Duration)	yrs mos ds
- Marry &	Viracofe (Sig	(100)	M. D.
OF FATHER	. 0 4	1919 (Address) 122	de de lu
(State or country)  (State or country)  (State or country)  (State or country)  (State or country)	2001	*State the Disease Causing Death, or. Lauses, state (1) Means of Injury; and Lau, Suicidal, or Homicidal.	
- Chayrie III	Thoderecti	LENGTH OF RESIDENCE (FOR HOSPITALS, OR RECENT RESIDENTS)	INSTITUTIONS, TRANSIENTS
13 BIRTHPLACE OF MOTHER (State or country)		place in the death yrs mos ds. State	We are
14 THE ABOVE IS TRUE TO THE BEST OF MY	KNOWLEDGE	ere was disease contracted,	yrs ds
(Informant) Mars Hoans To 1	A) 1	not at place of death?mer or	
and an		uai residence	
(Address) 19.A. G. Fise	erts &8	PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
16 O. P. 21 2d A	1. mc / 1	UNDERTAKER	July 23 1913
Filed Filly 11, 1913 Da Aray	Me Condo.	X mon "	ADDAESS
If more blanks are would	HEGISTRAR IV	6 E. Franklin St., Balto., Requesting V. S.	is rederich
ar more puting are needed	, auturnationale in astrar,	o F. Franklin St., Balto., Requesting V. S.	No. 1.

[Approved by U. S. Census and American Public Health Association.]

cated thus: of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. duties of the household only (not paid Housekeepers minc, etc. "Manager," "Dealer," etc., without more precise specistabement. it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an cases, especially in industrial employments, it is necapplies to each and every person, irrespective of age. who have no occupation whatever, CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as fication as Day laborer, Farm laborer, Laborer-Coal material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. essary to know (a) the kind of work and also (b) Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the ness of various pursuits can be known. The question (a) Spinner, Statement of occupation-Precise statement of occupa is very important, so that the relative healthful-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return Farmer (retired 6 yrs.) For persons (b) Cotton mill; (a) Salesman, "Laborer," write None. As examples: "Foreman,"

pneumonia"); Lobar pneumonia; Bronchopneumonia brospinal meningitis"); Diphtheria fever (the only definite synonym is "Epidemic ceretime and causation), using always the same accepted CAUSING DEATH (the primary affection with respect to lesis of lungs, meninges, peritonacum, etc., "Croup";) term for the same disease. ("Pneumonia," Statement of cause of death-Name, first, the DISEASE Typhoid fever (never report "Typhoid unqualified, is indefinite): Tubercu-Examples: Cerebrospinal (avoid use Carcin-

> "Heart failure," "Haemorrhage," "Inanition," "Marasinus," "Old Age," "Shock," "Uraemia," "Weakness," valvular heart disease; Chronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronic "Contributory." sepsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., such, if impossible to determine definitely. Examples: LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. mia," "PUERPERAL peritonitis," etc. childbirth or miscarriage as "Puerperal septichacetc., when a definite disease can be ascertained as the "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopncumonia (secondary), 10 ds. Never report ample: Mcastes affection need not be stated unless important. oma, Sarcoma, etc., of...... (name origin; "Canture of the American Medical Association.) cause of death approved by Committee on Nomenclaby carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably is less definite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) Always qualify all diseases resulting from "Senile," etc.), "Dropsy," (Recommendations on statement of (disease causing death), 29 ds.; State cause for "Exhaustion," For vio-



NECOND	PHYSICIANS should state	t of OCCUPATION is very	
WALLE FLAINLY, WILL ONLADING INN-INIS IS A FERMANENI NECOND	-Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OGGUPATION is very	Important. See instructions on back of certificate.
	-Every	CAUSE	importa

ď ż 1 PLACE OF DEATH

County Frederick

9630



#### STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.

Village or CityState Sanatorium (No. ....St.;.....Ward)

[if death occurred in a hospital or institution, give its NAME instead of street and number.]

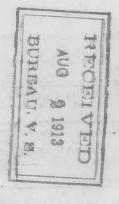
	1044	NAME Mrs.	o a o culto ho a lla caso divisto villa - ga - v o a disc		S. FS.C. KITDY			
	PERSO	NAL AND STATISTIC	CAL PARTICULAR	RS	MEDICAL CERTIFICATE OF DEATH			
3 SE	emale White Single, Married, Wooweb. Married on Divorce on Ordiver the word)		(Month	(Day) (Year) at I attended deceased from				
6 D	ATE OF BIRTI	June	14th,		that I last saw h. gr. alive on Ju	ly 11th. , 1913,		
7 AGE (Month) (Day) (Year)  1 day,hrs. 25 yrs. — mos. 27 ds. ORmin.?				If LESS than 1 day,hrs.	and that death occurred on the date sta The CAUSE OF DEATH* was as follow	ated above, at6.:00p.m,		
B OCCUPATION  (a) Trade, profession, or particular kind of work  (b) General nature of industry,				Pulmanary Tube Laryngeal Tuber	culosis			
9 B	iness, or establich employed (or e IRTHPLACE tate or country	empioyer)			Contributory (Secondary)	1/1/		
	10 NAME OF FATHER				(Signed)	Husley		
PARENTS	12 MAIDEN	country) Mary	land		*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL.			
OF MOTHER  Mary E. quigley  13 BIRTHPLACE OF MOTHER (State or country) Maryland		18 LENGTH OF RESIDENCE (FOR HOSPIT OR RECENT RESIDENTS)  At place in the of death yrs. 10. mos. 21. ds. Sta	ne Lifetime					
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant)			EDGE	Where was disease contracted, If not at piace of death? Probably at home.  Former or usual residence. Baltimore, Md.				
15	(Address)	1747 Park	Ave. Bal	to Mo	Baltimore. Md.	Unknown 1913		
	led Alg/	£ 1913 · O.	1 Ste	REGISTRAR	20 UNDERTAKER	ADDRESS		
	1 1/	nove blanks are nove			M. L. Craeger  E. Franklin St., Balto., Requesting V. S. N	Thurmont, Md.		

[Approved by U. S. Census and American Public Health
Association.]

cated thus: Farmer (retired 6 yrs.). CAUSING DEATH, state occupation at beginning of lif-Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care duties of the household only (not paid Housekeepers fication, as Day laborer, Farm laborer, Laborer—Coal "Manager," "Dealer," etc., without more precise specistatement. Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an Physician, Compositor, Architect, Locomotive engineer, who have no occupation whatever, write None. been changed or given up on account of the DISEASE Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. material worked on may form part of the second essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-Spinner, If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman," (b) Cotton mill; (a) Salesman, For persons (6)

Statement of cause of death—Name, first, the disease causing death—(the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lodar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcin-

childbirth or miscarriage. as "Purreman septichaecause of death approved by Committee on Nomencla "Contributory." injury, as fracture of skull, and consequences (e. g., by earbolic acid-probably suicide. The nature of the Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. mia," "PUERPERAL peritonitis," etc. etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock." 'Traemia," "Weakness," "Collapse." "Coma," "Convuisions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As ample: Measles (disease causing affection need not be stated unless important. nant neoplasms); Measles; Whooping cough; Chronic er" is less definite; avoid use of "Tumor" for malig oma. Sarcoma. etc., of ... ture of the American Medical Association.) sepsis, tetanus) dent; Revolver wound of head-homicide; Polsoned ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. "Heart failure," "Haemorrhage," "Inanition," "Maras-Bronchopneumonia (secondary), 10 ds. Never report valvular heart disease; Chronic interstitial nephritis The contributory (secondary or intercurrent Always qualify all diseases resulting from "Senile," etc.), (Recommendations on statement of may be stated under the head "Dropsy," "Exhaustion," (name origin; "Can death), 29 ds.: State cause for Examples: For vio-01



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RECORD

OCCUPATION IS classified. properly supplied. pe may of 0 plain Instructions 0 Item OF Important. CAUSE

15

STATE OF MARYLAND 1 PLACE OF DEATH 9681 CERTIFICATE OF DEATH Registered No fit death occurred in a hospitel or institution. give its NAME instead of street and number. I MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 16 DATE OF DEATH SINGLE, 3 SEX 4 COLOR OR RACE WIDDWED, (Month) (Day) ORDIVORCED (Write the word) I HEREBY CERTIFY, That I attended deceased from 6 DATE OF BIRTH it LESS than TAGE 1 day, .....hrs. OR ..... 7 BOCCUPATION (a) Trade, profession, or particular kind of work. (b) General nature of Industry, business, or astablishment in which employed (or employer) ..... Contributory Wards 9 BIRTHPLACE (Secondary) (State or country) (Doration) 10 NAME OF FATHER 11 BIRTHPLACE ARENT OF FATHER \*State the DISEASE CAUSING DEATH, or, In deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDEN-TAL, SUICIDAL, OF HOMICIDAL. 12 MAIDEN NAME OF MOTHER LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS 13 BIRTHPLACE OF MOTHER State or country

I	At place		In tha			
l	At place of death yrs mos	ds.	State	yrs,	mos	d
1	Where was disease contracted, if not at place of death?			************		1000
I	Former or					

19 PLACE	OF E	BURIAL	OR	REMOVAL	
	11	50		16	

DATE OF BURIAL

If more blanks are movded, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.). should be taken to report specifically the occupations gainfully employed, as At school or At home. Care who receive a definite saiary), may be entered as dutics of the household only (not paid Housekeepers mine, etc. Women at home, who are engaged in the fication, as Day laborer, Farm laborer, Laborer—Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. As examples additional line is provided for the latter statement the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., For many occupations a single word or term on the applies to each and every person, irrespective of age ness of various pursuits can be known. The question tion is very important, so that the relative healthfuiwho have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of ill-Servant, Cook, Housemaid, etc. of persons engaged in domestic service for wages, as Housewife, Housework, or At Home, and children, not been changed or given up on account of the Disease Statement of occupation-Precise statement of occupa-Spinner, If retired from business, that fact may be indi-Never return "Laborer," "Foreman, (b) Cotton mill; (a) Salesman, If the occupation has Farmer or Planter, For persons

Statement of cause of death—Name, first, the disease causing disease, the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid dineumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcinosis

childbirth or miscarriage, as "Puerperal septichaecause. Always qualify all diseases resulting from ample: Measles (disease causing death), 29 de.; affection need not be stated unless important. nant neopiasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." sepsis, tetanus) injury, as fracture of skuli, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Polsoned Accidental drowning; Struck by railway train-acctsuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. mia," "PUERPERAL peritonitis," etc. State cause for etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Seniie," etc.), "Dropsy," "Exhaustion," "Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. valvular heart disease; Chronic interstitial nephritie oma. Sarcoma. etc., of .. The contributory (secondary or intercurrent) (Recommendations on statement of may be stated under the head (name origin; "Can-Never report



PHYSICIANS should state of OCCUPATION Is very RECORD <sup>2</sup>FULL NAME PERSONAL AND STATISTICAL PARTICULARS EXACTLY. 3 SEX 5 SINGLE. 4 COLOR OF RACE MARRIED, Widowes
ORDIVORCED
(Write the word) DATE OF BIRTH classified. (Day 7 AGE properly AGE BOCCUPATION (a) Trade, protession, or particular kind of work supplied. pe (b) General nature of industry. business, or establishment in may which employed (or employer) ..... certificate. 9 BIRTHPLACE (State or country) Carefully that 10 NAME OF FATHER 80 ö back PARENTS 11 BIRTHPLACE OF FATHER terms, should (State or country 12 MAIDEN NAME OF MOTHER plain instructions Information of Informati 13 BIRTHPLACE OF MOTHER (State or country) . B.—Every Item CAUSE OF I 16 ż

1 PLACE OF DEATH

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If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

#### STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.

V. Market si;		a hospital give its N	n occurred in or institution, AME instead nd number.]
MEDICAL CERTIF	ICATE OF D	EATH	
16 DATE OF DEATH	ly	L/ (Day	, 1913
Oct 13 1912, to	Λ.	tended dec	eased from, 191.3
that I last aaw h. Alma alive on	July	4	, 191.3
and that death occurred on the da The GAUSE OF DEATH* was as		ove, at.	0 / m
Parricions (	anaemia		
Contributory	ration)	yrs9m	os,ds
(Signed)	uration)	<del></del>	nosds
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State the Disease Causino I Causes, state (1) Means of I TAL, Suicidal, or Homicidal.	777 5444		om Violeni er Acciden
July 5, 191 3 (Address)	DEATH, or, in NJURY; and	deaths from (2) whether	

[Approved by U. S. Census and American Public Health Association.]

who have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of illshould be taken to report specifically the occupations gainfully employed, as At school or At home. duties of the household only (not paid Housekeepers mine, etc. "Manager," "Dealer," etc., without more precise speciadditional line is provided for the latter statement; cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question been changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as fication as Day laborer, Farm laborer, Laborer-Coal material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. (a) Spinner, (b) Cotton mill; (a) Salesman, it should be used only when needed. As examples the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) Civil engineer, Stationary freman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indithus: Farmer (retired 6 yrs.) For persons Women at home, who are engaged in the

Statement of cause of death—Name, first, the disease causing death—(the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculcisis of lungs, meninges, peritonaeum, etc., Carcin-

valvular heart disease; Chronic interstitial nephritis, mia," "PUERPERAL peritonitis," childbirth or miscarriage as "Puerperal septichaemus," "Old Age," "Shock," "Uraemia," "Weakness," thenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asaffection need not be stated unless important. nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of...... (name origin; "Cancause of death approved by Committee on Nomenclasepsis, tetanus) injury, as fracture of skull, and consequences (e. g., such, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably LENT DEATHS state MEANS OF INJURY and qualify as etc., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inanition," "Naras-"Collapse," "Coma," "Convulsions," "Debility" ("Con-Bronchopneumonia (secondary), 10 ds. ture of the American Medical Association.) "Contributory." by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acciwhich surgical operation was undertaken. For vio-The contributory (secondary or intercurrent) Always qualify all diseases resulting from Mcasles "Scnile," etc.), "Dropsy," may be stated under the head (Recommendations on statement of (disease causing death), 29 ds.; etc. State "Exhaustion," Never report cause for

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

I. Burch

AUG 5 1913
BUREAU, V. S.

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STATE OF MARYLAND PLACE OF DEATH treducals CERTIFICATE OF DEATH PHYSICIANS should of OCCUPATION IS Registered No. Ilf death occurred in .Ward) a hospital or institution. give its NAME instead of street and number.] MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 16 DATE OF DEATH 5 SINGLE. 3 SEX 4 COLOR OR RACE 191. MARRIED. WIDOWED, Write the word) (Month) (Day) (Year) I HEREBY CERTIFY, That I attended deceased from 17 6 DATE OF BIRTH that I last aaw h. A.A... alive on (Day) (Year) (Month) If LESS than 7 AGE and that death occurred on the date stated above, st 1 day hrs. OR ..... 7 (a) Trade, profession, or particular kind of work. (b) General nature of Industry, business, or establishment in (Duratien) which employed (or employer) 9 BIRTHPLACE (Secondary) (State or country) 10 NAME OF FATHER 11 BIRTHPLACE OF FATHER (State or country) Z \*State the DISEASE CAUSING DEATH, OF, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether Accidenш AR 12 MAIDEN NAME TAL, SUICIDAL, OF HOMICIDAL. OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 13 BIRTHPLACE At place In the OF MOTHER of death \_ State (State or country) \_\_\_\_ yrs. \_\_\_\_ ds. Where was disease contracted. if not at place of death? Former or osual residence Every iter CAUSE O TE OF BURIAL .., 191. 15 ADDRESS 0 RECISTRAR ż If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

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Statement of cause of death—Name, first, the distance causing death—the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid disease). Lodar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcin-

dent; Revolver wound of head-homicide; Polsoned such, if impossible to determine definitely. childbirth or miscarriage, as "Purreral septichaeetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," genital," "Senile," etc.), "Dropsy," ample: Measles (disease causing cer" is less definite; avoid use of "Tumor" for malleture of the American Medical Association.) cause of death approved by Committee on Nomenclainjury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably tent peaters state means of injury and qualify as which surgical operation was undertaken. mia," "PUERPERAL peritonitis," "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopncumonia (secondary), 10 ds. Never report affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis. nant neoplasms); Measles; Whooping cough; Chronic oma. Sarcoma. etc., oI . "Contributory." The contributory (secondary or intercurrent) tetanus) may be stated under the head Always qualify all diseases resulting from (Recommendations on statement of etc. State cause for (name origin; "Candeath), 29 ds.; "Exhaustion," Examples: For VIO-

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

BUKEAU, V. S.
AUG 5 1918

RESERVED

1 PLACE OF DEATH

County Frederick	CERTIFICATE OF DEATH
	Registration Dist. No
Village or City Frederick (No. City 2FULL NAME Stanley)	give its NAME instead
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Sex 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDDWED, WIDDWED, ORDIVERCED (Write the word)	16 DATE OF DEATH  (Month)  (Day (Year)  17   HEREBY CERTIFY, That I attended deceased from
6 DATE OF BIRTH	June 20, 1913, to July 4, 1913
(Month) (Day (Year)	that I last saw har alive on frely 4 , 1913
<sup>7</sup> AGE if LESS than	and that death occurred on the date stated above, at 3 m,
14 yrs 8 mos 16 ds 0R min.?	The CAUSE OF DEATH* was as follows:
8 OCCUPATION (a) Trade, protession, or particular kind of work.  8 OCCUPATION (b) Society of the second of the sec	Syphoid fever
(b) General nature of Industry, business, or establishment in	
which employed (or employer) Clothing, Shoese	(Minimum)
9 BIRTHPLACE (State or country)	Secondary Secondary
10 NAME OF	Couvels (Ouration) yrs mos 3 ds.
FATHER George 6. Long	(Signed), M. D.
OF FATHER	July 191 2 (Address) Obstavill Mis
11 BIRTHPLACE OF FATHER (State or country)  12 Maiden Name OF MOTHER  TO MOTHER	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL.
of Mother Flannie 6. Haufit	18 LENGTH OF RESIDENCE FOR HOSPITALS, INSTITUTIONS TRANSPERS
13 BIRTHPLACE OF MOTHER (State or country) Mangland	At place In the of death was mos 15 de State 14 was
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, Freeders It not at place of death?
(Interment) Trange 6. Cong	Former or who calescely
(Address) Market Space	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
Files July 5, 1913 Dr dra J. Mc brad	20 UNDERTAKER LADORES ADDRESS
RESTATRAR	Thomas J. Rice Frederick trar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

STATE OF MARYLAND

[Approved by U. S. Census and American Public Health Association.]

ness of various pursuits can be known. The question cated thus: of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Majager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. (a) Spinner, (b) Cotton mill; (a) Salesman, it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age tion is very important, so that the relative healthfulwho have no occupation whatever, CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Scrvant, Cook, Housemaid, etc. If the occupation has Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," Farmer (retired 6 yrs.) For persons write None. "Foreman,"

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

valvular heart disease; Chronic interstitial nephritis nant neoplasms); Meastes; Whooping cough; Chronic oma, Sarcoma, etc., of...... (name origin; "Cansepsis, tetanus) may be stated under the head injury, as fracture of skull, and consequences (e. g., such, if impossible to determine definitely. Examples: LENT DEATHS State MEANS OF INJURY and qualify as mia," "PUERPERAL peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichacetc., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asaffection need not be stated unless important. ture of the American Mcdical Association.) cause of death approved by Committee on Nomencla-"Contributory." by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably which surgical operation was undertaken. Bronchopncumonia (secondary), 10 ds. " "Old Age," "Shock," "Uraemia," "Weakness," is less definite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) Always qualify all diseases resulting from Measles "Semile," etc.), (Recommendations on statement of (disease causing death), 29 ds.; "Dropsy," "Exhaustion," Never report



#### PERMANENT THIS NY

RECORD

PHYSICIANS shou cla that 80 0 back terms, plain EATH in plain a instructions 00 OF Every Item CAUSE OF Important.

STATE OF MARYLAND PLACE OF DEATH CERTIFICATE OF DEATH Registration Dist. No... fit death occurred in St.:...Ward) a hospital or institution. give its NAME Instead of street and number. I MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 3 SEX 6 SINGLE. 16 DATE OF DEATH 4 COLOR OR RACE MARRIED. MAARAON WIDDWED. (Month) ORDIVORCED (Write the word) I HEREBY CERTIFY, That I attended deceased from that I last saw h. l. ... allve on. (Day (Year) 7 AGE If LESS than and that death occurred on the date stated above, at 2,30 a.m. 1 day .....hrs. The CAUSE OF DEATH\* was as follows: OR ..... 7 8 OCCUPATION (a) Trade, protession, or particular kind of work. (b) General nature of Industry. business, or establishment in (Duration) which employed (or amployer) ..... 9 BIRTHPLACE (State or country) Secondary (Duration) 10 NAME OF FATHER 11 BIRTHPLACE (Address) OF FATHER AREN. (State or country) VState the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, Or HOMICIDAL. 12 MAIDEN NAME OF MOTHER 0 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 13 BIRTHPLACE At place In the OF MOTHER (State or country) ot death \_\_\_\_\_ yrs. \_\_\_\_ mos. \_\_\_ State \_\_\_\_\_ yrs. \_\_\_ mos. ... Where was disease contracted. If not at placa of death? Former or usual residence. 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL (Address) 15 20 UNDERTAKER ADDRESS REGISTRAR

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

who receive a definite salary), may be entered as applies to each and every person, irrespective of agc. who have no occupation whatever, write Nonc. cated thus: Farmer (retired 6 yrs.) For persons CAUSING DEATH, state occupation at beginning of illbeen changed or given up ou account of the disease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not duties of the honsehold only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. Never retnrn "Laborer," material worked on may form part of the second Grocery; (a) Foreman, (b) Antomobile factory. The (a) Spinner, (b) Cotton mill; (a) Salesman, it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or judnstry, and therefore an essary to know (a) the kind of work and also (b)cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, c. g., Farmer or Planter, For many occupations a single word or term on the ness of various parsuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the "Foreman,"

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pnenmonia," unqualified, is indefinite): Tuberculcsis of lungs, meninges, peritonaeum, etc., Carcin-

nant neopiasms); Measles; Whooping cough; Chronic mia," "Puerperal peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichacmus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failurc," "Haemorrhage," "Juanitiou," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Convalvular heart disease; Chronic interstitial nephritis, oma, Sarcoma, etc., of...... (name origin; "Cancause of death approved by Committee on Nomenclainjury, as fracture of skuil, and consequences (e. g., Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, or as probably LENT DEATHS state MEANS OF INJURY and qualify as etc., when a defiuite disease can be ascertained as the thenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asaffection need not be stated unless important. thre of the American Medical Association.) "Contributory." by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned which snrgical operation was undertaken. For vio-Bronchopneumonia (secondary), 10 ds. is less definite; avoid use of "Inmor" for malig-The contributory (secondary or intercurrent) tetanus) Aiways qualify all diseases resulting from Measles (disease causing death), 29 "Senile," etc.), (Recommendations on statement of may be stated under the head "Dropsy," "Exhanstion," Never report ds.;



N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state GAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very RECORD WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT BINDING RESERVED FOR MARGIN 7. S. No. 1.

County Reder	9686	STATE OF MARYLAND CERTIFICATE OF DEATH / 4/ Registration Dist. No. 153
Village or City	wilbert X	St.; Ward)  [If death occurred le a hospital or Institution give its NAME losteac of street and nomber.]
PERSONAL AND	STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
male W.	SOR RACE    Single,   MARRIED,   WIDOWED,   ORDIVORCED   (Write the word)	16 DATE OF DEATH  (Month)  (Day)  (Year)  17  I HEREBY CERTIFY. That I attended deceased from July  14, 1913, to July  15, 1913
	Meb 9, 191 (Month) (Day) (Year	3
BERTHPLACE (State or country)		I I DR GAUSE OF DEALMY Was as Jollows'.
11 BIRTHPLACE OFFATHER (State or country)  12 MAIDEN NAME OF MOTHER OF MOTHER (State or country)	n R Mathias Ind  Und  Wha Z Saulas  Mol	(Signed)
(Informant)	R mathia	Where was disease contracted, If not at place of death?  Former or usual residence.  19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL

[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.). CAUSING DEATH, state occupation at beginning of illof persons engaged in domestic service for wages, as should be taken to report specifically the occupations duties of the household only (not paid Housekeepers fication, as Day laborer, Farm laborer, Laborer-Coal statement. material worked on may form part of the second applies to each and every person, irrespective of age. gainfully employed, as At school or At home. "Manager," "Dealer," etc., without more precise speci-Grocery; (a) Foreman, (b) Automobile factory. The additional line is provided for the latter statement; essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, who have no occupation whatever, write None. been changed or given up on account of the disease Servant, Cook, Housemaid, etc. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. (a) Spinner, (b) Cotton mill; (a) Salesman, it should be used only when needed. the nature of the business or industry, and therefore an first line will be sufficient, e. g., For many occupations a single word or term on the ness of various pursuits can be known. The question tion is very important, so that the relative lealthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," If the occupation has Farmer or Planter, As examples: For persons "Foreman," (6)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tubercutosis of lungs, meninges, peritonaeum, etc.. Carcin-

cause of death approved by Committee on Nomencla. "Contributory." sepsis, tetanus) may be stated under the head such, if impossible to determine definitely. LENT DEATHS State MEANS OF INJURY and quality as mia," "PUERPERAL peritonitis," etc. childbirth or miscarriage, as "Putereral septichae etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," genital," "Senile," etc.), "Dropsy," thenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse." "Coma," "Convulsions," "Debility" ("Conample: Meastes (disease causing death), 29 ds.: ture of the American Medical Association.) injury, as fracture of skuli, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, or as probably which surgical operation was undertaken. "Heart failure," "Haemorrhage," "Inanition," "Maras-Bronchopncumonia (secondary), 10 ds. Never report affection need not be stated unless important. valvular heart disease; Ohronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for mails mere symptoms or terminal conditions, such as "Asoma. Surcoma. etc., of ... The contributory Always qualify all diseases resulting from (Recommendations on statement of (secondary or intercurrent) (name origin; "Can State cause for "Exhaustion, Examples: For vio-



PHYSICIANS should state of OCCUPATION is very 9687 CERTIFICATE OF DEATH Registered No. I if death occurred to St: .....Ward) a hospital or Institution, give its NAME lostead RECORD of sfreet and number. ] MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS PERMANENT 16 DATE OF DEATH 5 SINGLE. 4 COLOR OR RACE SEX MARRIEO, WIDOWED, (Month) (Day) (Year) Write the word) I HEREBY CERTIFY. That I attended deceased from 6 DATE OF BIRTH (Year) (Month) (Day) If LESS than TAGE 1 day hrs. OR ..... ? BOCCUPATION (a) Trade, profession, or INK particular kind of work (b) General nature of Industry. supplied. business, or establishment in UNFADING may which employed (or employer) ..... Contributory 9 BIRTHPLACE (Secondary) (State or country) carefully that 10 NAME OF 80 BIRTHPLACE Z OF FATHER \*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT (State or country) CAUSES, state (1) MEANS OF INJURY; and (2) whether Acciden-Ш TAL. SUICIDAL, OF HOMICIDAL. AR 12 MAIDEN NAME piain OF MOTHER Instructions 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 13 BIRTHPLACE = At place in the OF MOTHER of death \_\_\_\_\_ yrs. \_\_\_ mos. \_\_\_ ds. Stale ..... yrs. .... mos. of Inform DEATH (State or country) Where was disease contracted. If not at place of death? Former or Item usual residence Every Item CAUSE OI Important. DATE OF BURIAL 15 20 UNDERTAKE ADDRESS 0 ż If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

PLACE OF DEATH

BINDING

STATE OF MARYLAND

[Approved by U. 8. Census and American Public Health
Association.]

additional line is provided for the latter statement; cated thus: Farmer (retired 6 yrs.). For persons of persons engaged in domestic service for wages, as should be taken to report specifically the occupations duties of the household only (not paid Housekeepers the nature of the husiness or industry, and therefore an cases, especially in industrial employments, it is necwho have no occupation whatever, write None. CAUSINO DEATH, state occupation at heginning of illbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. fication, as Day laborer, Farm laborer, Laborer-"Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should he used only when needed. essary to know (a) the kind of work and also (b) Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-(a) Spinner, (b) Cotton mill; (a) Salesman, (b) Statement of occupation-Precise statement of occupa-If retired from husiness, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman," As examples:

losis of lungs, meninges, peritonaeum, etc.. Carcinpneumonia"); Lobar pneumonia; Bronchopneumonia causing death (the primary affection with respect to ("Pneumonia," "Croup"); brospinal fover (the only definite synonym is "Epidemic cereterm for the same disease. Statement of cause of death-Name, first, the DISEASE and causation), using always the same accepted meningitis"); Typhoid fover (never report "Typhoid unqualified, is indefinite); Tubercu-Diphtheria Examples: Cercbrospinal (avoid use of

> childbirth or miscarriage, as "Puerperal septichaeetc., when a definite disease can he ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." injury, as fracture of skull, and consequencés (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse." "Coma," "Convulsions," "Dehility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopncumonia (secondary), 10 ds. Never report ample: Measles (disease causing affection need not he stated unless important. valvular heart disease; Chronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligoma. Sarcoma. etc., of ... The contributory (secondary or intercurrent) "Puepperal peritonitis," etc. State cause for tetanus) may be stated under the head of Always qualify all diseases resulting from "Senile," etc.), "Dropsy," "Exhaustion," (Recommendations on statement of (name origin; "Candeath), 29 ds.; Examples: FOI VIO-



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WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT R	Every item of information should be carefully supplied. AGE should be stated EXACTLY. Pr	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of	
PERM	stated E	Exact	
S IS A	ould be s	ciassified.	
K-THI	AGE sh	properly	
NI DNI	supplied.	nay be	6
UNFAD	arefully	that it r	important. See instructions on back of certificate.
I	90	80	jo
Y, WIT	should	terms,	on back
LAINL	mation	in piain	ructions
RITE P	of Infor	DEATH	Sec Insti
*	y item	SE OF	ortant.
	Ever	CAU	Impo

IYSICIANS should occupation is

ECORD

PLACE OF DEATH 9688

County Frederick

Village or City Satte Sanatoriui(No.

W)

#### STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No. 137

St.; Ward)

[It death occurred in a hospital or Institution, give Its NAME Instead ot street and number.]

#### FULL NAME Catherine Monaghan MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 16 DATE OF DEATH 5 SINGLE. 4 COLOR OR RACE 3 SEX MARRIED. Jul v. WIDOWED. widowed. Married Write the word) Female White (Month) (Day) I HEREBY CERTIFY, That I attended deceased from 6 DATE OF BIRTH April 23, 1915, to July 12th., 1913, Sent. 29th., 1913. that I last saw h.er... allve on July 12th., 1913. (Year) (Month) (Day) If LESS than 7 AGE and that death occurred on the date stated above, at 4:000 m. 1 day .....hrs. The CAUSE OF DEATH\* was as follows: vrs. 9 mos. 13 ds. OR ..... min. ? Pulmonary Tuberculosis. BOCCUPATION (a) Trade, protession, or Housework particular kind of work (b) General nature of industry, business, or establishment in which employed (or employer) .... At home (Duration) 20.( Prs) mos Contributory. 9 BIRTHPLACE (Secondary) (State or country) Maryland 10 NAME OF FATHER (Signed) Andrew Bauer July 12,191.3 (Address) State Sanatorium Md 11 BIRTHPLACE ENT OF FATHER (State or country) \*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDEN-Germany AR TAL, SUICIDAL, OF HOMICIDAL. 12 MAIDEN NAME OF MOTHER Bernadine Whlhore 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS OR RECENT RESIDENTS) 13 BIRTHPLACE At place In the Lifetime. OF MOTHER (State or country) of death -- yrs. 2 mos. 19. ds. State yrs. mos. Germany Where was disease contracted. Probably at home. 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (lutermant) Catherine Monaghan usual residence 1305 Myrtle Ave. Balto. Md APPLACE OF BURIAL OR REMOVAL DATE OF BURIAL (Address) 1305 Myrtle Ave. Balto. Baltimore City Unknown ...., 1913. 15 20 UNDERTAKER ADDRESS Filed. M. L. Craeger. REGISTRAF Thurmont, Md. f more blanks are needed, address State Regis trar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.). CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers fleation, as Day laborer, Farm laborer, Laborer-Coal "Marager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. As examples additional line is provided for the latter statement; the nature of the business or industry, and, therefore an Physician, Compositor, Architect, Locomotive engineer, who have no occupation whatever, write None. Housewife, Housework, or At Home, and children, not mine, etc. essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But in many applies to each and every person, irrespective of age. ness of various pursuits can be known. The question (a) Spinner, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman, (b) Cotton mill; (a) Salcsman, If the occupation has For persons

Statement of cause of death—Name, first, the disease causing death—Name, first, the disease causing death—Name, first, the disease causing always the same accepted term for the same disease. Examples: Ccrebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphthcria (avoid use of "Croup"); Typhoid fever (never report "Typhoid dinemonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, periionaeum, etc.. Carcin-

mia," "PUERPERAL peritonitis," etc. mus," "Old Age," "Shock." 'Traemia," "Weakness," ture of the American Medical Association.) cause of death approved by Committee on Nomencia "Contributory." scpsis, tetanus) injury, as fracture of skull, and consequences (e. by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For viochildbirth or miscarriage. as "Puzzperal scptichae ctc., when a definite disease can be ascertained as the "Hart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Collapse." "Coma," "Convulsions," "Debility" ("Conthenla," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asample: Measles (disease causing death), 29 de.: affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronic ter" is less definite; avoid use of "Tumor" for malig oma. Sarcoma. etc., of \_ Bronchopncumonia (secondary), 10 ds. Never report The contributory Always qualify all diseases resulting from (Recommendations on statement of may be stated under the head (secondary or intercurrent) "Dropsy," "Exhaustion," (name origin; "Can State cause for



#### RECORD PERMANENT UNFADING INK-THIS

PHYSICIANS should state of OCCUPATION Is very Every litem of information should be carefully supplied. AGE should be stated EXACTLY. ICAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of certificate. See instructions on back Important.

	PLACE			
County	The	de	ıcl	1

STATE OF MARYLAND CERTIFICATE OF DEATH

No. 10 3
l

	3030	Registration Dist. No. 70 3
٧	"FULL NAME Hazil, Mont	St.; Ward)  [it death occurred in a hospital or institution, give its NAME instead of street and nomber.]
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 S	ATE OF BIRTH  A COLOR OR RACE  SINGLE, MARRIED, WIDOWED, ORDIVORCED (Write the word)  1913	16 DATE OF DEATH  (Moath) (Day) (Year)  17 I HEREBY CERTIFY, That I attended deceased from, 191, 191,
7 A	(Month) (Day) (Year)  GE   If LESS than   1 day, hrs.   OR min. ?	and that death occurred on the date stated above, atm, The CAUSE OF DEATH * was as follows:
(a pa (b) bus whi	CCUPATION ) Trade, profession, er rticular kind of work	Charles and the day of the control o
PARENTS	10 NAME OF FATHER DULL MMJmus  11 BIRTHPLACE OF FATHER (State or country)  12 MADEN NAME OF MOTHER OF MOTHER	(Signed) lo.: (Mean ds. No. 1913. (Address) Puller M. D.  *State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.
	13 BIRTHPLACE OF MOTHER (State or country)  THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place In the of death yrs, mes, ds. Where was disease contracted,
1 5)	(Address). Busines (Address). Business, mi ed hie, 30, 191 8 Jun 1924	If not at place of death?  Former or usual residence.  19 PLACE OF BURIAL OR REMOVAL  DATE OF BURIAL  Luly 31, 1913.  20 UNDERTAKER  ADDRESS

if more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

minc, etc. Women at home, who are engaged in the dutles of the household only (not paid Housekcepers "Manager," "Dealer," etc., without more precise specimaterial worked on may form part of the second Groccry; (a) Foreman, (b) Automobile factory. The (a) Spinner, (b) Cotton mill; (a) Salesman, it should be used only when needed. As examples: additional line is provided for the latter statement; essary to know (a) the kind of work and also (b) Civil engineer, Stationary freman, etc. But in many first line will be sufficient, e. g., For many occupations a single word or term on the applies to each and every person, irrespective of age. who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). ness. If retired from business, that fact may be indi-CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Scrvant, Cook, Housemaid, etc. of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as fication, as Day laborer, Farm laborer, Laborer-Coal statement. the nature of the business or industry; and therefore an cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, ness of various pursuits can be known. The question tion is very important, so that the relative mealthfui-Statement of occupation-Precise statement of occupa-Never return "Laborer," If the occupation has Farmer or Planter, "Foreman,"

Statement of cause of death—Name, first, the disease causing death—Name, first, the disease causing death—Name, first, the disease causing disease and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tubercutosis of lungs, meninges, peritonacum, etc.. Carcin-

childbirth or miscarriage, as "Puerperal scptichacmus," "Old Age," "Shock," "Uraemia," "Weakness," genital," "Senile," etc.), "Dropsy," "Exhaustion," "Hart failure," "Haemorrhage," "Inanition," "Marasample: Measles (disease causing death), 29 ds.: cause of death approved by Committee on Nomenclainjury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Potsoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. mia," "PUERPERAL peritonitis," etc. State cause for etc., when a definite disease can be ascertained as the "Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for malig oma. Surcoma. etc., of \_ ture of the American Medical Association.) "Contributory." The contributory tetanus) may be stated under the head Always qualify all diseases resulting from (Recommendations on statement of (secondary or intercurrent) (name origin : "Can Never report Examples:



N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. RECORD PERMANENT BINDING WRITE PLAINLY, WITH UNFADING INK-THIS IS A FOR RESERVED MARGIN

V. S. No. 1.

	PLACE OF DEATH	STATE OF MARYLAND
	Otherdoniels Coop	CERTIFICATE OF DEATH
Co	Jone or Chear Burkittsville	Registration Dist. No.
Vill	lage or City/LEUN 1000/10000 (No	St.; Ward) a hospital or institution,
	60	give its NAME Instead of street and number.]
	FULL NAME Cleanor may	moore
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Je Je	male bolored Single, MARRIED, WIDOWELL, NOON OR ON	18 DATE OF DEATH 2 3' 191.3.  (Month) (Day (Year)  17 I HEREBY CERTIFY, That I attended deceased from
6 D/	(Month) (Day (Year)	that I last saw here alive of here 25, 1913.
7 A		
	1 day,hrs.	and that death occurred on the date stated above, at 9 m. The CAUSE OF DEATH* was as follows:
	yrs wos dos.   ORmin.?	Of A CAPACITY
(a)	CCUPATION ) Trade, profession, or Cronel rilicular kind of work	
bus whi	General nature of Industry, iness, or establishment in ich employed (or employer)	(Duration) yrs. mos. ds.
9 B I	(State or country) Inontarrely Com	Secondary (Duration) yrs mos ds
	10 NAME OF GEORGE MOORE	(Signed) Le fruite M. D.
E	11 BIRTHPLACE OF FATHER TO THE	191/2 (Address) Bur Rulantie 4
ARENTS	OF FATHER (State or country)  12 MAIDEN NAME OF MOTHER	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL.
2	unnu may o we	BLENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)
	OF MOTHER (State or country) montg, land	At place In the of death yrs, mos ds. State yrs, mos ds
14 7	THE ABOVE IS THE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, If not at place of death?
	(Informant) Seorge Inford	Former or usual residence
	Bur bitts wille land	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
15	(Address)	Gerusalem Gemetay July 22, 1918
FII	ed My 25, 191 3 Per O Mirman C REGISTRAR	20 UNDERTAKER POOLS WILL ADDRESS BUTTERELL
t		trar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.
		yna

[Approved by U. S. Census and American Public Health Association.]

"Manager," "Dealer," etc., without more precise speciwho have no occupation whatever, write Nonc. CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Serrant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a defluite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer statement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. As examples: additional line is provided for the latter statement: the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each aud every person, irrespective of age. ness of various pursuits can be known. tiou is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-Spinner, (b) Cotton mill; (a) Salesman, thus: If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," Farmer (retired 6 yrs.) For persous The question "Foremau,"

Statement of cause of death—Name, first, the disease causing dearth (the primary affection with respect to time and causatiou), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unquallfied, is indefinite): Tuberculcisis of lungs, meninges, peritonaeum, etc., Carcin-

mia," "PUERPERAL peritonitis," etc. State cause for mus," "Old Age," "Shock," "Uraemia," "Weakness," valvular heart disease; Chronic interstitial nephritis, naut neoplasms); Measles; Whooping cough; Chronic oma, Sarcoma, etc., of...... (name origin; "Cancause of death approved by Committee on Nomenclaiujury, as fracture of skull, and consequences (e. g., such, if impossible to determine definitely. Examples: LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. childbirth or miscarriage as "Puerperal septichacetc., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Iuauitiou," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Conthemia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asaffection need not be stated unless important. ture of the American Medical Association.) "Coutributory." by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably Bronchopneumonia (secondary), 10 ds. is less definite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) tetanus) Always qualify all diseases resulting from Mcasles "Seuile," etc.), may be stated under the head (Recommendations on statement of (disease causing death), 29 ds.; "Dropsy," "Exhaustiou," Never report For vio-



V. S. No. 1.

County Fredució 9691  Village or City Fredució (No. Cuy-	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. 13/ St.; Ward)  St.; Ward)  The property of the street and number. Street and number. Street and number.
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX  4 COLOR OR RACE  MARRIED, WIDOWED, OR DIVORCED (Write the word)	16 DATE OF DEATH  (Month) (Day) (Year)  17
6 DATE OF BIRTH  (Month) (Day) (Year)	that I last saw h las allve on 44 July 1913
7 AGE If LESS than t day,hrs. ORmin.?	and that death occurred on the date stated above, at 3,45 a,m, The CAUSE OF DEATH* was as follows:
BOCCUPATION  (a) Trade, profession, or particular kind of work  (b) General nature of industry, business, or establishment in which employed (or employer)	lior levin of (Duration) yrs. mos 9-ds.
9 BIRTHPLACE (State or country) Freducis Co	Gentributory (Secondary) (Burgation) yrs mos / ds
OF TATHER COLLOWS & MANUELOWS  11 BIRTHPLACE OF FATHER (State or country)  W 12 MAIDEN NAME OF MOTHER  OF MOTHER  OF MOTHER	(Signed)
of MOTHER CLUMA J. CONV  13 BIRTHPLACE OF MOTHER (State or country)  Tructuil Co	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)  At place of death
(Informant) Court of The BEST OF MY KNOWLEDGE	Where was disease contracted, If not at place of death?  Former or usual residence  Lucuaux
(Address) Thursday, 1913 Doft, Course	19 PLACE OF BURIAL OR REMOVAL  DATE OF BURIAL  LY KILLY 1913  20 UNASSAKER ADMISS
REGISTRAR  If more blanks are needed, address State Regis trar, 6	E. Franklin St., Balto, Requesting V S No. 1

[Approved by U. 8. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.). .(a) Spinner, CAUSING DEATH, state occupation at beginning of illof persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. duties of the household only (not paid Housekeepers who have no occupation whatever, write None been changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as minc, etc. fieldion, as Day laborer, Farm laborer, Laborer—('oal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Groccry; (a) Foreman, (b) Automobile factory. it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) Civil engineer, Stationary Areman, etc. But in many Physician, Compositor, Architect, Locomotive engineer applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfulcases, especially in industrial employments, it is necfirst line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never (b) Cotton mill; (a) Salcsman, return "Laborer," If the occupation has As examples: For persons "Foreman,"

Statement of cause of death—Name, first, the disease causing drath (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid diseasen); Lodar pneumonia; Bronchopneumonia ("Theumonia," unqualified, is indefinite); Tubercutosis of lungs, meninges, peritonaeum, etc.. Carcintosis of lungs, meninges, peritonaeum,

mia," "PUERPERAL peritonitis," etc. scosis, tctanus) may be stated under the head dent; Revolver wound of head-homicide; Potsoned such, if impossible to determine definitely. childbirth or miscarriage. as "Tuenpenal scotichacetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Traemia," "Wcakness," ample: Mcasles (disease causing death), 29 ture of the American Medical Association.) cause of death approved by Committee on Nomencla. "Contributory." injury, as fracture of skull, and consequences (e. by carbolic acid-probably suicide. The nature of the Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For vio-"hart failure," "Haemorrhage," "Inanition," "Maras "Collapse." "Coma," "Convuisions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," affection need not be stated unless important. oma. Sarcoma. etc., of \_ mere symptoms or terminal conditions, such as "As Bronchopncumonia (secondary), 10 ds. Never report valvular heart disease; Chronic interstitial nephritis mant neoplasms); Measles; Whooping cough; Chronic ver" is less definite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent Always qualify all diseases resulting from "Senile," etc.). (Recommendations on statement of "Dropsy," (name origin; "Can-State cause for "Exhaustion," Examples:



PLACE OF DEATH STATE OF MARYLAND 9692 CERTIFICATE OF DEATH PHYSICIANS should Registration Dist. No. 140 Ilt death occurred in .....Ward) a hospital or Institution. RECORD give its NAME Instead of street and number. 1 MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS PERMANENT 16 DATE OF DEATH 5 SINGLE. 4 COLOR OR RACE MARRIED. WIDDWED, (Month) (Dav) Write the word I HEREBY CERTIFY. That Lattended deceased from 6 DATE OF BIRTH (asonth) (Year) 7 AGE If LESS than and that death occurred on the date stated 1 day, .... hrs. The CAUSE OF DEATH \* was as follows: OR ..... ? BOCCUPATION AGI (a) Frade, profession, or particular kind of work. (b) General nature of Industry. business, or establishment in (Duration) may DIN which employed (or empleyer) ..... certificate. 9 BIRTHPLACE Contributory (Secondary) (State or country) that 10 NAME OF FATHER (Signed) ō back 11 BIRTHPLACE terms, OF FATHER (State or country) AREN should \*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether Acciden-12 MAIDEN NAME TAL, SUICIDAL, OF HOMICIDAL. plain OF MOTHER Instructions Information 0 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 13 BIRTHPLACE 2 At place OF MOTHER (State or country) In the ot death \_\_\_\_\_ yrs. \_\_\_ mos. \_\_\_ ds. EATH State ..... yrs. ..... mos. ..... Where was disease contracted. See It not at place of death?... 2 2 Former or F 0 usual residence. mportant. 19 PLACE OF BURIAL OR REMOVAL Ш DATE OF BURIAL Every 15 NDERTAKER ADDRÉSS m REGISTRAR If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. As examples: the nature of the business or industry, and therefore an cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many\_occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative mealthfulcated thus: Farmer (retired 6 yrs.). For persons CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekcepers minc, etc. fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second (a) Spinner, (b) Cotton mill; (a) Salesman, (b) additional line is provided for the latter statement; essary to know (a) the kind of work and also (b) who have no occupation whatever, write None. Servant, Cook, Housemaid, etc. If the occupation has Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman,"

Statement of cause of death—Name, first, the disease causing death—the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcin-

affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronic sepsis, tetanus) may be stated under the head of "Contributory." (Recommendations on statement of such, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as mia," "PUERPERAL peritonitis," etc. State cause for childbirth or miscarriage, as "PUERPERAL scptichaeetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," -Heart fallure," "Haemorrhage," "Inanition," "Maras-"Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," Bronchopneumonia (secondary), 10 ds. ample: Meastes (disease causing death), 29 de.; er" is less definite; avoid use of "Tumor" for maligoma. Sarcoma. etc., of ... ture of the American Medical Association.) cause of death approved by Committee on Nomenclainjury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Potsoned Accidental drowning; Struck by railroay train—acciwhich surgical operation was undertaken. mere symptoms or terminal conditions, such as "As The contributory (secondary or intercurrent) Always qualify all diseases resulting from "Senile," etc.), "Dropsy," "Exhaustion," \_ (name origin; "Can-Never report Examples: For vio-



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state

#### PHYSICIANS should of OCCUPATION IS RECORD PERSONAL AND STATISTICAL PARTICULARS EXACTLY. 5 SINGLE, 3 SEX 4 COLOROR RACE MARRIED, WIDOWED, (Write the word) 6 DATE OF SIRTH 106 classified. (Month) (Day) 7 AGE properly 8 OCCUPATION 团 (a) Trade, profession, or particular kind of work... AG (b) General nature of Industry, supplied. pe business, or establishment in msy which employed (or employer) certificate. 9 BIRTHPLACE (State or country) carefully that 10 NAME OF FATHER 80 ō OF FATHER (State or country ARENTS on back should 12 MAIDEN NAME DEATH In plain OF MOTHER See Instructions information 13 BIRTHPLACE OF MOTHER (State or country WRITE ō OF Item Important. Every It

1 PLACE OF DEATH

9693

#### STATE OF MARYLAND CERTIFICATE OF DEATH

Registered No. 15

Ward

Ilf death occurred in

NAME May Myll	a nospital of institution, give its NAME instead of street and number.]
IAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Mile Server on the control of the co	16 DATE OF DEATH  (Month)  (Day)  (Year)  17  1 HEREBY CERTIFY, That I attended deceased from
(Month) (Day) (Year)  If LESS than 1 day, hrs.	that I last saw h alive on July 6, 1913, that I last saw h alive on July 6, 1913 and that death occurred on the date stated above, at 6 A m, The GAUSE OF DEATH * was as follows:
or Offiled or	Ocule hepprilie
f industry, shment in mployer)	(Duration) yrs. mos. 7 ds.  Contributory Cold
James E. myers  out for the Series los MA	(Signed) / State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accident
CE CER Selection les Mills  TRUE TO THE BEST OF My KNOWLEDGE	TAL, SUICIDAL, OF HOMICIDAL.  18 LENGTH OF RESIDENCE (FOR MOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)  At place In the of death
Summisseure Mill	Former or usual residence.  19 place of Burial or REMOVAL  MATAMAN MATAMAN JULY 20 UNDERTAKER ADDRESS  ADDRESS
TOUT MEGISTRAN	r, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite saiary), may be entered as duties of the household only (not paid Housekeepers mine, etc. fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The (7) Spinner, (b) Cotton mill; (a) Salesman, it should be used only when needed. As examples additional line is provided for the latter statement the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," If the occupation has Farmer or Planter, For persons "Foreman,"

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcin-

dent; Revolver wound of head-homicide; Poisoned such, if impossible to determine definitely. Examples: mia," "Puerperal peritonitis," etc. State cause for childbirth or miscarriage, as "Puerperal septichaecause. Aiways qualify all diseases resulting from etc., when a definite disease can be ascertained as the mus," "Oid Age," "Shock," "Uraemia," "Weakness," genitai," "Senile," etc.), thenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report ample: Meastes (disease causing affection need not be stated unless important. nant neopiasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligture of the American Medicai Association.) cause of death approved by Committee on Nomencla-"Contributory." scpsis, tctanus) injury, as fracture of skuil, and consequences (e. g., by carbolic acid-probably suicide. The nature of the Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. "Heart failure," "Haemorrhage," "Inanition," "Maras-"Coliapse." "Coma," "Convuisions," "Deblity" ("Convalvular heart disease; Chronic interstitial nephritis oma. Sarcoma. etc., of .... The contributory (secondary or intercurrent) may be stated under the head (Recommendations on statement of "Dropsy," "Exhaustion," (name origin; "Candeath), 29 ds.;

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

HUCELVED
AUG 2 1913
BUREAU, V.S.

BINDING RESERVED FOR MARGIN

V. S. No. 1.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD

	PLAGE OF DEATHOG 94	STATE OF MARYLAND
	The laid of 18	CERTIFICATE OF DEATH
Co	ounty Medium )	Registration Dist. No. 144
v	illage or City lear Myllsville No.	St.; Werd) Market let death occurred in
	FULL NAME Daul Frankli	a hospital or institution, give its NAME instead of street and number.]
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SE	4 COLOR OR RACE 5 SINGLE, MARRIED, CARLE	16 DATE OF DEATH
-	MIDOWED, ORDIVORCED (Write the word)	(Month) (Day) (Year)
	The contract of the contract o	17   HEREBY CERTIFY, That I attended deceased from
8 D	ATE OF BIRTH	July 11 , 1913 to July 13 , 191 3,
	(Month) (Day) (Year)	that I fast saw h Amalive on Sully 11, 191
7 A		and that death occurred on the date stated above, at 6 A m.
	1 day,hrs.	The CAUSE OF DEATH* was as follows:
_	yrs	Sysentery acute
	CCUPATION ) Trade, profession, or	Eutashu Ayuton
	rticular kind of work	<u> </u>
	General nature of Industry, iness, or establishment in	(Duration) yrs. mos. 4 ds.
	ch employed (or employer)	
(S	IRTHPLACE tate or country) Mary land	Gontributory (Secondary) / (Duration) / yrs mos ds.
	10 NAME OF FATHER LESTES Maile	(Signed) Calph Bawney, M.D.
NTS	11 BIRTHPLACE OF FATHER	Josep 14, 1913 (Address) Musvelle M.
AREN	(State or country)  12 MAIDEN NAME 7	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
PA	OF MOTHER Mary Maritz about	16 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS,
	13 BIRTHPLACE OF MOTHER (State or country)  Mary Land	OR RECENT RESIDENTS) At place In the of death yrs
14-	THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, If not at place of death?
	(Informant). Mary Maile	Former or usual residence.
	(Address) Myllsville, Md	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
15 FI	180 selly 14, 1913 Calph Bawning REGISTRAR	20 UNDERTAKER ADDRESS.
7	If more blanks are needed, address State Regis trar, 6	E. Franklin St. Raito, Requesting V S. No. 1
	The state of the s	- Table of Parton Acqueeting v. O. 10. 1,

[Approved by U. S. Census and American Public Health Association.]

of persons engaged in domestic service for wages, as should be taken to report specifically the occupations duties of the household only (not paid Housekeepers Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. As example, (a) Spinner, (b) Cotton mill; (a) Salesman, cases, especially in industrial employments, it is nection is very important, so that the relative healthfulwho have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). CAUSING NEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as fiegtion, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Deaier," etc., without more precise specistatement. material worked on may form part of the second additional line is provided for the latter statement; the nature of the business or industy; and therefore an essary to know (a) the kind of work and also (b) Civil engineer, Stationary freman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, Physician, Compositor, Architect, Locomotive engineer, For many occupations a single word or term on the applies to each and every person, irrespective of age ness of various pursuits can be known. The question Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman." As examples: For persons (d)

Statement of cause of death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemic cercbrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonacum, etc.. Carcin-

such, if impossible to determine definitely. mia," "PUERPERAL peritonitis," etc. childbirth or miscarriage, as "Tuerperal scottchae etc., when a definite disease can he ascertained as the thenia," "Anaemia" (merely symptomatic), "Atrophy," ample: Measles (disease causing affection need not be stated unless important. nant neoplasms); Measles; Whooping cough; Chronic cause of death approved by Committee on Nomencla injury, as fracture of skull, and consequences (e. g., dent; Revolver wound of haad-homicide; Poisoned LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. For vio--Frart failure," "Haemorrbage," "Inanition," "Maras-"Collapse." "Coma," mere symptoms or terminal conditions, such as "As valvular heart disease; Chronic interstitial nephritis oma. Sarcoma. etc., of \_ ture of the American Mcdical Association.) "Contributory." sepsis, tetanus) by carbolic acid-probably suicide. The nature of the Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably Bronchopneumonia (secondary), 10 ds. Never report is less definite; avoid use of "Tumor" for malig The contributory (secondary or intercurrent) "Old Age," "Shock." "Traemia," "Weakness," Always qualify all diseases resulting from "Senile," etc.), (Recommendations on statement of may be stated under the head "Convulsions," "Debility" ("Con-"Dropsy," "Exhaustion," (name origin; "Can death), 29 ds. State cause for Examples:

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

AUG 1 1913 BUREAU. V. S.

REC	PHYS	0 0	J
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-Every Item CAUSE OF Important.

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CCUPATION IS very

LACE	OF	DEATH	

Denial Wahater Neel

County Frederick

1 p

7 AGE

Village or City StateSanatorium (No.



#### STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.

St.;....Ward)

[If death occurred in a hospital or institution, give its NAME instead of street and number.]

	FULL NAME Daniel Webster N	eal	
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
3 s i	4 COLOR OR RACE SINGLE, MARRIEO, WIOOWED, ORDOVOROSINGLE (Write the word)	16 DATE OF DEATH  JULY 18th., 1913  (Month) (Day) (Year)  17   HEREBY CERTIFY, That I attended decreased from	
6 D	Jany   3rd   1   913	17 I HEREBY CERTIFY, That I attended deceased from Dec. 11th., 1912., to July 18th., 1913., that I last saw h im alive on July 18th., 1913. and that death occurred on the date stated above, at 12:458 m. The CAUSE OF DEATH* was as follows:	
pa (b)	52 yrs 6 mos 14 ds 0R min.?  CCUPATION ) Trade, profession, or ritcular kind of work.  General nature of industry, iness, or establishment in Farm work.	Pulmonary Tuberculosis  (Duration) 10 (?) s. mos ds	
**Mich amployed (or employer) P.E.T.W. W.O.T.K.  **BIRTHPLACE** (State or country)  **Maryland**		Contributory (Secondary) (Dy 1106) / y[s mos. ds	
RENTS	10 NAME OF FATHER William H. Neal  11 BIRTHPLACE OFFATHER (State or country) Pennsylvania	(Signed)	
PAREI	Phobe J. Neal  13 BIRTHPLACE OF MOTHER (State or country) Pennsylvania	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENCE)  At place ** yrs. 7 mos. 6 ds. State Lifetimens. ds.	
	(Informant)	Where was disease contracted. If not at place of death? Probably at home Former or usual residence Port Deposit, Md.	
15	(Address) Port Deposit, Nd.	Port Deposit, Md. Unknown 1913	
Fi	led July 19, 1913. O. A. Slevin	M.L. Creager, Thurmont, Md.	
	If more blanks are needed, address State Regls trar, 6	E. Franklin St., Balto., Requesting V. S. No. 1.	

[Approved by U. S. Census and American Public Health
Association.]

duties of the household only (not paid Housekeepers "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. the nature of the business or industry, and therefore an cases, especially in industrial employments, it is neccated thus: Farmer (retired 6 yrs.). CAUSING DEATH, state occupation at beginning of Illof persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. mine, etc. fleation, as Day laborer, Farm laborer, Laborer-Coal it should be used only when needed. additional line is provided for the latter statement; essary to know (a) the kind of work and also (b) Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age ness of various pursuits can be known. The question tion is very important, so that the relative healthfulwho have no occupation whatever, write None. been changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as (a) Spinner, Statement of occupation-Precise statement of occupamany occupations a single word or term on the If retired from business, that fact may be Indi-Women at home, who are engaged in the Never return "Laborer," . "Foreman," (b) Cotton mill; (a) Salcsman, As examples: For persons (0)

Statement of cause of death—Name, first, the disease causing death of the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcin

such, if impossible to determine definitely. LENT DEATHS State MEANS OF INJUST and qualify as childbirth or miscarriage. as "Purperal scotichae etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock." "Traemia," "Weakness," cause of death approved by Committee on Nomencla dent; Revolver wound of head-homicide; Poisoned which surgical operation was undertaken: For viomia," "PUEBPEBAL peritonitis," etc. thenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asample: Measles (disease causing affection necd not be stated unless important. valvular heart disease; Chronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronic eer" is less definite; avoid use of "Tumor" for malig oma. Sarcoma. etc., of ture of the American Medical Association.) "Contributory." sepsis, tetanus) injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, or as probably "hart fallure," "Haemorrhage," "Inanition," "Maras "Collapse." "Coma," "Convulsions," "Debility" ("Con-Bronchopneumonia (secondary), 10 ds. Never repor-The contributory Always qualify all diseases resulting from "Senile." etc.), may be stated under the head (Recommendations on statement of (secondary or intercurrent) "Dropsy," "Exhaustion," (name origin; "Can death), 29 ds. State cause for Examples: 01



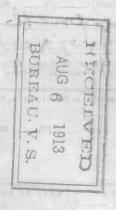
1 PLACE OF DEATH 9696	STATE OF MARYLAND
county Fredorick	CERTIFICATE OF DEATH
Gounty JYLOLOYCOT	Registered No. 130
C R Bo	It death occurred
Village or City Someth were (No.	St;Ward) a hospital or institution
0 100 00	give its NAME inste ot street and number.
2 FULL NAME Koy Allen Oder	1
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
SEX 4 COLOR OR RACE 5 SINGLE,	16 DATE OF DEATH July 11 1913
Ma DO WA TO ORDIVERCED ONLY	(Month) (Day) (Year)
B DATE OF BIRTH	I HEREBY CERTIFY, That I attended deceased fro
Febry 11. 1019	July 10 1913, to July 11 , 1913
(Mon(t) (Day) (Year)	that I last saw h.h. alive on July 10 ,1913
7 AGE If LESS than	and that about occurred on the earth article and all articles.
/ vrs. 5 mos. ds. ORmin.?	ING CAUSE OF DEATH * Was as lonows:
9 OCCUPATION	
(a) Trade, profession, or	Challes Colon
particular kind of work	onocoa grantim
business, or establishment in	(Duration) yrs. mos. /
which employed (or employer)	Contributory(Secondary)
*BIRTHPLACE (State or country) Frdonck Com	(Duration) yrs. mos.
10 NAME OF Illian Dimale Thuk	1 800 -7
FATHER WESTLIMARE MUN	(Signed)
V) 11 BIRTHPLACE OF FATHER	July 12 1913 (Address) John July 1
OF FATHER (State or country)  12 MAIDEN NAME OF MOTHER OF MOTHER	*State the Disease Causing Death, or, in deaths from Violens Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.
13 BIRTHPLACE QIAN A Y NAR.	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIEN OR RECENT RESIDENTS)  At place
OF MOTHER (State or country) The Kocky brulk Co MM	of death yrs mos ds. State yrs mos
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was diseasa contracted, It not at place of death?
Mariel Odm	Former or
(Informant)	osual residence
(Address) And of Books	19 PLACE OF BURIAL OF REMOVAL DATE OF BURIAL
15 1 11 - ONIT I - C.M	Maulinish Concley July 13, 191:
FIRM 1913 N. Neukrin Graphell	
DOM LOCK REGISTRAR	M. R. Elehroon Jogrown
ir more Dianks are needed, address State Regist	trar, 6 E. Franklin St., Balto., Requesting V. S. Na. 1.

[Approved by U. S. Census and American Public Health Association.]

"Manager," "Dealer," etc., without more precise specicated thus: Farmer (retired 6 yrs.). of persons engaged in domestic service for wages, as should be taken to report specifically the occupations duties of the household only (not paid Housekeepers fication, as Day laborer, Farm laborer, Laborer additional line is provided for the latter statement; CAUSING DEATH, state occupation at beginning of illgainfully employed, as At school or At home. Care mine, etc. statement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is necfirst line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question who have no occupation whatever, write None heen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, For many occupations a single word or term on the tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-Spinner, (b) Cotton mill; (a) Salesman, (b) If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman," As examples For persons

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Gerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "(roup"); Typhoid fever (never report "Typhoid menunonia"); Lobar pneumonia; Bronchopneumonia ("Fneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcinosis of lungs, meninges, peritonaeum,

ampie: Measles (disease causing death), 29 ds.; dent; Revolver wound of head-homicide; Potsoned such, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably which surgical operation was undertaken. For viomia," "PUERPERAL peritonitis," etc. State cause for childbirth or miscarriage, as "Purperal septichaecause. Always qualify all diseases resulting from etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," Bronchopneumonia (secondary), 10 ds. Never report nant neoplasms) ; Measles; Whooping cough; Chronio cer" is less definite; avoid use of "Tumor" for mails injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the LENT DEATHS State MEANS OF INJURY and quality as "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse." "Coma," "Convuisions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asaffection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis. oma. Sarcoma. etc., of ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." Accidental drowning; Struck by railway train-acci-The contributory (secondary or intercurrent) tetanus) may be stated under the head (Recommendations on statement of (name origin; "Can-



FOR BINDING MARGIN RESERVED

V. 8. No. 1.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of oertificate. RECORD A PERMANENT WRITE PLAINLY, WITH UNFADING INK-THIS IS

Ounty Trederick	STATE OF MARYLAND CERTIFICATE OF DEATH Registered No
Village or City Men Sugarmie	St.; Ward)  a hospital or Institution, give its NAME Instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, ARRIPO, WOOTED, ORL WORKED (Write the word)	16 DATE OF DEATH  (Month)  (Month)  (Day)  (Year)  17  I HEREBY CERTIFY, That I attended deceased from
(Month) (Day) (Year)	that I last saw h a alive on July 31, 1913.
7 AGE 35 yrs. 10 mos. 3 ds. 0R min.?	and that death occurred on the date stated above, at
(a) Trade, profession, or particular kind of work	Subulas meumonia
(b) General nature of Industry, business, or establishment in which employed (or employer)	(Duration) yrs. mos. / V ds.
(State or country) Fruit lea	(Secondary) (Duration) yrs. mos. ds.
10 NAME OF POJ, Ogle	(Signed) On M. F. Gordell, M. D. 87/, 1913 (Address) Frederick
State or country) Theun Ce	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
of Mother Grasellicality  13 BIRTHPLACE OF MOTHER (State or country)  Think to	18 LENGTH OF RESIDENCE (FOR HOBPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)  At place In the ot death yrs, mos ds. State yrs, mos ds.
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  (Informant)	Where was disease contracted, It not at piace of death?  Former or usual residence
(Address) fridings	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL 2, 1913
Filed 8/1913 All Goodness	20 UNDERTAKER ADDRESS ADDRESS

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Appreved by U. S. Census and American Public Health Association.]

"Grocery; (a) Foreman, (b) Automobile factory. The material worked on may form part of the second cated thus: Farmer (retired 6 yrs.). CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care duties of the household only (not paid Housekeepers fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, who have no occupation whatever, write None. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. essary to know first line will be sufficient, e. g., For many occupations a single word or term on the applies to each and every person, irrespective of age ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-Spinner, If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman," (b) Cotton mill; (a) Salesman, (a) the kind of work and also (b) If the occupation has Farmer or Planter, For persons

Statement of cause of death—Name, first, the DIBEASE CAUBING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemic cere-brospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tubercu-losis of lungs, meninges, peritonaeum, etc., Carcin-

mia," "PUERPERAL peritonitis," etc. childbirth or miscarriage, as "Purpreal septichaecause. Always qualify all diseases resulting from etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," genital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse." "Coma," "Convulsions," "Debility" ("Conture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." sepsis, tetanus) injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned such, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS State MEANS OF INJUSY and qualify as which surgical operation was undertaken. For vio-"Heart failure," "Haemorrhage," "Inanition," "Marasthenia," "Annemia" (merely symptomatic), "Atrophy," ample: Measics (disease causing death), 29 ds.; affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis. nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligoma. Sarcoma. etc., of Accidental drowning; Struck by railway train-accimere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report The contributory (Recommendations on statement of may be stated under the head (secondary or intercurrent) (name origin; "Can-State cause for



N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD MARGIN RESERVED FOR BINDING V. S. No. 1.

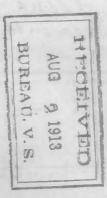
PLACE OF DEATH 9698  County Firellerics	STATE OF MARYLAND CERTIFICATE OF DEATH
Gounty-fall-district Section of fall-	Registration Dist. No. 134
Village or City News Emmils News, 2 FULL NAME Lovers & Ever	St.; Ward)  [it death occurred to a hospital or lostitution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male Shirts Single, MARRIEO, WIDOWEO, WIDOWEO, ORDIVORCEO (Write the word)  8 DATE OF BIRTH  May 30 1900	16 DATE OF DEATH  (Monch) (Day (Year)  17  I HEREBY CERTIFY, That I attended deceased from  191.3, to  191.3
(Month) (Day (Year)	that last saw h. Maailve on
3 yrs mos 32 ds. OR min.?	and that death occurred on the date stated above, at
(a) Trade, protession, or particular kind of work.  (b) General nature of industry, business, or establishment in which employed (or employer)	Petts farsnehymakows  18 three (Duration) yrs.   mos. / U.ds.
State or country) Frederick low mil	Secondary (Borotlan)
10 NAME OF FATHER GERMANIAM COverholds  11 BIRTHPLACE OF FATHER (State or country) flams los Pa  12 MAIDEN NAME OF MOTHER OF MOTHER	(Signed)
of Mother Jamie E. Sum/2  13 BIRTHPLACE OF MOTHER (State or country) Allams loo Pa  14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place in the of death yrs mos ds Where was disease contracted,
(Informant) Jeriminh of Overhalter	If not at piace of death?  Former or osual residence.
(Address) Commission of the Registrate Regis	DATE OF BURIAL OR REMOVAL  DATE OF BURIAL  LIMINATION COMMON CONTROL OF BURIAL  DATE OF BURIAL  LONG  DATE OF BURIAL  ADDRESS  LONG
and and add the Metale Wells	range of the range of the state

[Approved by U. S. Census and American Public Health Association.]

statement. who have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of illshould be taken to report specifically the occupations gainfully employed, as At sehool or At home. Care Housewife, Housework, or At Home, and ehildren, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-"Manager," "Dealer," etc., without more precise specimaterial worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many applies to each and every person, irrespective of age. ness of various pursuits can be known. The question been changed or given up on account of the nisease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the Statement of occupation-Preeise statement of occupa-Spinner, is very important, so that the relative healthful-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return Farmer (retired 6 yrs.) For persons (b) Cotton mill; (a) Salcsman, "Laborer," As examples: "Foreman," (6)

Statement of cause of death—Name, first, the disease causing death—Name, first, the disease causing death—Name, first, the disease causing death and eausation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pnenmonia," unqualified, is indefinite): Tubereucsis of lungs, meninges, peritonaeum, etc., Carcin-

valvular heart disease; Chronie interstitial nephritis, nant neoplasms); Measles; Whooping eough; Chronic oma, Sarcoma, etc., of..... (name origin; "Canture of the American Medical Association.) eanse of death approved by Committee on Nomencla-"Contributory." injury, as fracture of skull, and eonsequences (e. g., by earbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homieide; Poisoned Aceidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify us which surgical operation was undertaken. mia," "PUERPERAL peritonitis," etc. childbirth or miscarriage as "Puerperal septiehacetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anacmia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronehopneumonia (secondary), 10 ds. Never report ample: Measles (disease causing death), 29 ds.; affection need not be stated unless important. is less definite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) Always qualify all diseases resulting from tctanus) may be stated under the head (Recommendations on statement of State eanse for For vio-



ORD	CCUF	
REC	PHYS of 0	
WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD	Every Item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUF	
PERM	stated E	
IS A	ld be	
HIS	shourly cla	
LAN	AGE	
Z ON	ay be	
FADI	fully si	important. See instructions on back of certificate.
N N T	s care	of cer
WIT	uld b	back
NLY,	on sho	00 50
PLAI	I In p	tructio
ITE	of Info	ee ins
X	Item OF	ant. S
	Every	Import

ATION is very

1 PLACE OF DEATH	G	6	9	1
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We will be a second of the

County Frederick

2FILL NAME

Village or CityState Sanatorium (No......

Edward Parrish

#### STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No. 139

.....St.;.....Ward)

[If death occurred in a hospital or institution, give its NAME Instead of street and number.]

PERSONAL AND STATISTICAL PARTICULARS			MEDICAL CERTIFICATE OF DEATH	
3sex Male	4 COLOR OR RACE White	SINGLE, MARRIED, WIDOWED, ORDIVORCED Married (Write the word)	(Month	(Day) (Year)
6 DATE OF BI		20th., /887.	March 26th, 191 37to Ju	ly 2 th. 1913.
7 AGE IT LESS TRAIN 1 day, hrs. 25 yrs. 7 mos. 4 ds. OR min.?			and that death occurred on the date sta The CAUSE OF DEATH* was as follows Pulmonary Tubercu	
(b) General natu business, or es	of work	own	Contributory (Secondary)	3.(.?.)rsdsds
10 NAME FATH	OF		(Signed)	sty M. D.
Z (State	HPLACE ATHER or country)	own	July 24th 1913. (Address States the Disease Causing Death, Causes, state (1) Means of Injury;	or In dontha from Francisco
	en NAME MOTHER Margate	et Burkis	TAL, SUICIDAL, OF HOMICIDAL.  18 LENGTH OF RESIDENCE (FOR HOSPITA OR RECENT RESIDENTS)	
13 BIRTH OF MG (State of	other or country: Unknow	vn a	of death yrs. 3 mos. 28. ds. Stat	PTifotimo
	E IS TRUE TO THE BES		Where was disease contracted, if not all place of death? Probable Former or usual residence Laureville. M	
(Addres	Laureville	, Md.	19 PLACE OF BURIAL OR REMOVAL Laureville, Md.	DATE OF BURIAL
1	22 1913 6	REGISTRAR	20 UNDERTAKER M.L. Craeger	Unknown 1913 ADDRESS Thurmont Mo

more blanks are needed, address State Regis trar, 6 E. Frankiin St., Baito., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.). CAUSING DEATH, state occupation at beginning of iiishould be taken to report specifically the occupations duties of the household only (not paid Housekeepers "Manager," "Dealer," etc., without more precise speci-Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. additional line is provided for the latter statement; Physician, Compositor, Architect, Locomotive engineer, who have no occupation whatever, write None. been changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation bas of persons engaged in domestic service for wages, as gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. fication, as Day laborer, Farm laborer, Laborer-Coal statement. material worked on may form part of the second the nature of the business or industy; and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-Spinner, If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," (b) Cotton mill; (a) Salcsman, As examples: For persons "Foreman," (6)

causing pratt (the primary affection with respect to losis of lungs, meninges, perilonaeum, etc.. Carcinpneumonia"); Lobar pneumonia; Bronchopncumonia "Croup"); term for the same disease. time and causation), using always the same accepted brospinal meningitis"); Diphtheria fever (the only definite synonym is "Epidemic cere-("Pneumonia," Statement of cause of death-Name, first, the DISEASE Typhoid unqualified, is indefinite); Tubercufcvcr (never Examples: Cerebrospinal report "Typhold (avoid use of

> etc., when a definite disease can be ascertained as the such, if impossible to determine definitely. which surgical operation was undertaken. For vicmia," "Tuerperal peritonitis," etc. childbirth or miscarriage. as "Purrperal scottchaemus," "Old Age," "Shock," "Traemia," "Weakness," thenia," "Anaemia" (merely symptomatic), "Atrophy," affection need not be stated unless important. cause of death approved by Committee on Nomencla "Contributory." scpsis, tctanus) by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Polsoned Accidental drowning; Struck by railway train-acci-LENT DEATHS state MEANS OF INJURY and qualify as Hart fallure," "Haemorrhage," "Inanition," "Maras "Collapse." "Coma," "Convulsions," "Debility" ("Conmere symptoms or terminal conditions, such as "As valvular heart disease; Chronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronic ver" is less definite; avoid use of "Tumor" for mails oma. Sarcoma. etc., of ... ture of the American Medical Association.) injury, as fracture of skull, and consequences (e. g., ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably Bronchopncumonia (secondary), 10 ds. Never report The contributory Always qualify all diseases resulting from Measles (disease causing "Senile," etc.), "Dropsy,", "Exhaustion," (Recommendations on statement of may be stated under (secondary (name origin; "Can-State cause for death), 29 ds.: or intercurrent Examples: 01



N. B.—Every Item of Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD BINDING RESERVED FOR MARGIN

V. S. No. 1.

Co	1 PLACE OF DEATH 9700	STATE OF MARYLAND CERTIFICATE OF DEATH
	$\mathcal{S}_{i}$	Registered No.
Vi	11age or City Kurment (No	St.; Ward)  [If death occurred in a hospital or institution, give its NAME instead of street and number.]
_	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SE		16 DATE OF DEATH  Mionth)  (Day)  (Year)  17  I HEREBY CERTIFY. That I attended deceased from
6 D	(Month) (Day) (Year)	that I last saw here alive on June 35 , 191 8
7 AC		and that death occurred on the date stated above, at 5.00 Q, m, The CAUSE OF DEATH* was as follows:
(a)	Trade, profession, or House wife	Parsly is Pars
busi	General nature of industry, ness, or establishment in the employed (or employer)	(Duration) Syrs. mos. ds.
9 BI (St	RTHPLACE ate or country) Maryland	Contributory (Secondary) (Duration) yrs mos ds
	10 NAME OF GEO. N. Groshm	(Signed) Marris a Brief, M. D.
ENTS	OF FATHER (State or country) Mary land	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Acciden-
PARENT	of MOTHER Soffia For	TAL, SUICIDAL, OF HOMICIDAL.  18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIONNES)
	13 BIRTHPLACE OF MOTHER (State or country)  Maryfand	At place In the of death yrs, mos, ds. State yrs, mos, ds. Where was disease contracted.
	Interment)	If not at place of death?  Former or  usual residence
15	(Address) Augment Ind	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL  MINING MIGHT
File	ed Muy 3, 1913, Anna My Sueal REGISTRAR	m. L. Creager. Thursmert mg
	f more blanks are needed address State Registra	r, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health
Association.]

cated thus: Farmer (retired 6 yrs.). CAUSING DEATH, state occupation at beginning of iliof persons engaged in domestic service for wages, as should be taken to report specifically the occupations duties of the household only (not paid Housekeepers fication, as Day laborer, Farm laborer, Laborer—Coal who have no occupation whatever, write None. been changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question (a) Spinner, (b) Cotton mill; (a) Salesman, essary to know For many occupations a single word or term on the tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman," (a) the kind of work and also (b) For persons 6

Statement of cause of death—Name, first, the disease causing death—In all respect to the and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcinosis

childbirth or miscarriage, as "PUTEPTERAL septichaecause. Always qualify all diseases resuiting from etc., when a definite disease can be ascertained as the ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." sepsis, tetanus) injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AB probably LENT DEATHS state MEANS OF INJUST and qualify as which surgical operation was undertaken. mia," "PUERPERAL peritonitis," etc. mus," "Old Age," "Shock," "Uraemla," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report ample: Measles (disease causing death), 29 de.: affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis. uant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for malig-Sarcoma. etc., of ... The contributory (Recommendations on statement of may be stated under the head (secondary or intercurrent) (name origin; "Can-State cause for For VIO-

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

AUG 5 1913
BUREAU, V.S.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD RESERVED FOR BINDING MARGIN

Gounty Fig.	ce of DEATH	9701	STATE OF MA CERTIFICATE O	OF DEATH
Village or City	LL NAME	ch (No. 229)	E. Third St. A Ward	ISL. NO
PERS	ONAL AND STATISTICA	AL PARTICULARS	MEDICAL CERTIFICATE	OF DEATH
3 SEX Meale	4 COLOR OF RACE	SSINGLE, MARRIED, Morries WIDOWED, ORDIVORCED (Write the word)	16 DATE OF DEATH	(Day (Year)
6 DATE OF BIRT	Feb (Month)	/8 , 1 %-2 (Year)	that I last saw h. Acom, alive on	l attended deceased from
7 AGE	88 yrs 5 mo	If LESS that 1 day,hrs. or. min.?	that double occurred oil the date state	
6 OCCUPATION (a) Trade, profession particular kind of well of the control of the	of industry, dishment in Retires employer) Retires	Mason a 15 yrs		yrs mos ds.
OF FAT  OF MO	LACE HER OF COUNTRY)  NAME	Thileps	(Signed) 6. S. 73.	- E 5 th sy
13 BIRTHPI OF MOT (State of	ACE HER or country)		At place of death	S, INSTITUTIONS, TRANSIENTS,
(Intermant)	hades 9	hilips .	Where was disease contracted, It not at place of death?  Former or usual residence.	
(Address).	1,1813 Dud	+ Mredere	20 UNDERTAKER	Aug 1, 1813
1	If more blanks are	needed, address State Re	Astrar, 6 E. Franklin St., Balto., Requesting V.	S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

the nature of the business or industry, and therefore an cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, applies to each and every person, irrespective of agc. ness of various pursuits can be known. The question CAUSING DEATH, state occupation at beginning of ill-Scrvant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. duties of the household only (not paid Housekeepers mine, etc. statement. Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. additional line is provided for the latter statement; essary to know (a) the kind of work and also (b) first line will be sufficient, c. g., Farmer or Planter, For many occupations a single word or term on the who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.) For persons been changed or given up on account of the DISEASE Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specimaterial worked on may form part of the second (a) Spinner, (b) Cotton mill; (a) Salcsman, Statement of occupation-Precise statement of occupais very important, so that the relative healthful-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," As examples: "Foreman,"

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tubercutsis of lungs, meninges, peritonaeum, etc., Carcin-

affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, aant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of..... (name origin; "Cansuch, if impossible to determine definitely. Examples: mia," "Puerperal peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichaeetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopncumonia (secondary), 10 ds. ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. The contributory (secondary or intercurrent) tetanus) may be stated under the head of Always qualify all diseases resulting from Mcasles "Senile," etc.), (Recommendations on statement of (disease causing death), 29 ds.; "Dropsy," "Exhaustion," Never report For vio-



V. S. No. 1

County Trederick 9702  Village or City Gunowille (No. 2 FULL NAME Bernice Rees	STATE OF MARYLAND CERTIFICATE OF DEATH  Registered No. ///  St; Ward)  [If death occurred I a hospital or Institution give its NAME instea of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED, WIDOWED, Write the word)	16 DATE OF DEATH  JOHN 1913  (Day) (Year)  17 1 HEREBY CERTIFY, That I attended deceased from
** DATE OF BIRTH  /0 22 , 19/1  (Month) (Day) (Year)	from 28, 1913, to fully 6, 1913 that I last saw the allve on fully 6, 1913
7 AGE 11 LESS than 1 day, hrs. or min.?	and that death occurred on the date stated above, atA
8 OCCUPATION (a) Trade, profession, or particular kind of work (b) General nature of industry, business, or establishment in which employed (or employer)  9 BIRTHPLACE (State or country)  Translated	(Duration) yrs. mos. l. e. ds.  Contributory Courselines:
OF TATHER Reasons (W. Reesel  OF FATHER (State or country)  Manyland	(Signed)
12 MAIDEN NAME Goldie Cershing,  13 BIRTHPLACE OF MOTHER (State or country)  Manyland.	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)  At place In the of death
(Informant) Ceannes W. Reese	Where was disease contracted, if not at place of death?  Former or usual residence
Filed fully 14, 191,3 MASSECTION REGISTRAR	19 PLACE OF BURIAL OR REMOVAL  LA James M. R. South July 15 =, 191 3  20 UNDERTAKER  ADDRESS  Watt Whiteld.

[Approved by U. S. Census and American Public Health Association.]

Grocery; (a) Foreman, (b) Automobile factory. The who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). of persons engaged in domestic service for wages, as cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But in many ness of various pursuits can be known. The question CAUSING NEATH, state occupation at beginning of illbeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specimaterial worked on may form part of the second it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age tion is very important, so that the relative healthful-(a); Spinner, Statement of occupation-Precise statement of occupa-If retired from business, that fact may be Indi-Women at home, who are engaged in the Never (b) Cotton mill; (a) Salesman, return "Laborer," As examples: For persons "Foreman," (6)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tubercubosts of lungs, meninges, peritonaeum, etc., Carcin-

sepsis, tetanus) may be stated under the head mus," "Old Age," "Shock," "Uraemia," "Weakness," ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-aectsuch, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. mia," "Puerperal peritonitis," etc. State cause for childbirth or miscarriage, as "Puerperal septichaeetc., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminai conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report ample: Measles (disease causing death), 29 affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis. nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for mallg. oma. Sarcoma. etc., of \_\_ The contributory Always qualify all diseases resulting from "Senile," etc.), (Recommendations on statement of (secondary or Intercurrent) "Dropsy," "Exhaustion," (name orlgin; "Can-Examples: FOT VIOd3.;



Col	unty bas	CERTIFICATE OF DEATH
		Registration Dist. No.
Vill	lage or City (No,	St.; Ward) [if death occurred a hospital or institution give its NAME inste
	*FULL NAME Plysy Leona Re	uneberga. Of street and number.
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL GERTIFICATE OF DEATH
3 SE	Male COLOR OR RACE 5 SINGLE, MARRIED, WIDOWEO, ORDIVORCEO (Write the word)	16 DATE OF DEATH 13 ,191. (Month) (Day (Year
B DA	Nov. 18 ,1972	that I last saw h & alive on 2 12 191
7 A C	(Month) (Day (Year)  GE   If LESS than   1 day,hrs.   ORhrs.   ORhrs.   ORhrs.	and that death occurred on the date stated above, at
(a)	CCUPATION ) Trade, profession, or ricular kind of work	Arler Infantin
busi	General nature of industry, iness, or establishment in ch employed (or employer)	(Duration) yrs. 1 moly
9 BI	RTHPLACE (State or country) Fredery & C.	Secondary
	10 NAME OF Robb Remaken	(Signed) Real (Suration) yrs mos
ENTS	11 BIRTHPLACE OF FATHER (State or country)	State the DISEASE CAUSING DEATH, or, in deaths from Viola
OF FATHER (State or country)  12 MAIDEN NAME OF MOTHER DAIN OF	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLE CAUSES, state (1) MEANS OF INJURY; and (2) whether Accide TAL, SUICIDAL, Or HOMICIDAL.  18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIEN	
	13 BIRTHPLACE OF MOTHER (State or country) Fruit C, Mi	At place In the of death yrs mos ds. State yrs mos
	(Informant)	Where was disease contracted, If not at piace of death?
1.6	(Address) adamtown wh.	19 PLACE OF BURIAL DATE OF BURIAL
16	Joly 13 1012 TCl. & Roulain	20 UNDERTAKER ADDRESS

STATE OF MARYLAND

9703

1 PLACE OF DEATH

[Approved by U. S. Census and American Public Health Association.]

it should be used only when needed. additional line is provided for the latter statement; duties of the household only (not paid Housekeepers fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise speciapplies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfulwho have no occupation whatever, write None. cated thus: CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. statement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The (a) Spinner, the nature of the business or industry, and therefore an cssary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the Scrvant, Cook, Housemaid, etc. If the occupation has Statement of occupation-Precise statement of occupa If retired from business, that fact may be indi-Women at home, who are engaged in the Never Farmer (retired 6 yrs.) For persons (b) Cotton mill; (a) Salesman, return "Laborer," As examples: "Foreman," (0)

Statement of cause of death—Name, first, the disease causing death—(the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberoulesis of lungs, meninges, peritonaeum, etc., Carcin-

nant neoplasms); Measles; Whooping cough; Chronic "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," valvular heart disease; Chronic interstitial nephritis oma, Sarcoma, etc., of...... (name origin; "Can such, if impossible to determine definitely. Examples: LENT DEATHS state MEANS OF INJURY and qualify as mia," "Puerperal peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichaeetc., when a definite disease can be ascertained as the "Collapse," "Coma," "Convulsions," "Debility" ("Conthemia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopncumonia (secondary), 10 ds. Never report ample: Mcastes (disease causing affection need not be stated unless important. cause of death approved by Committee on Nomenclasepsis, tetanus) may be stated under the head injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train—acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, Or as probably which surgical operation was undertaken. For vioture of the American Medical Association.) "Contributory." is less definite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) Always qualify all diseases resulting from "Senile," ctc.), "Dropsy," (Recommendations on statement of death), 29 ds.; "Exhaustion,"



N. B.—Every item of information should be earefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD BINDING FOR RESERVED MARGIN W. B. No. 1.

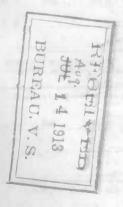
PLACE OF DEATH 9704	STATE OF MARYLAND CERTIFICATE OF DEATH
County Fred,	Registered No. 136
Village or City hear Inbura (No	St; Ward)  [If death occurred in a hospitat or institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male 4 COLOR OR RACE 5 SINGLE, MARRIED, Single, WIDOWED, ORDIVORCED (Write the word)	16 DATE OF DEATH  (Month) (Day) (Year)  17 1 HEREBY CERNFY, That I attended deceased from
8 DATE OF BIRTH  (Month) (Day) (Year)	July 23 1913, to July 26 1913, that I last saw h imalive on July 25 1913
7 AGE   If LESS than 1 day,hrs.   ORmin. ?	and that death occurred on the dete stated above, at
© OCCUPATION  (a) Trada, protession, or particular kind of work  (b) General nature of industry, business, or establishment to which employed (or employer)  © BIRTHPLACE (State or country)	(Duration) yrs. mos. 6 ds.  Contributory Call (Secondary) (Daration) yrs. mos. 6s.
10 NAME OF FATHER Charles Rice  11 BIRTHPLACE OF FATHER (State or country)  2 MAIDEN NAME OF MOTHER CHARLES RICE  12 MAIDEN NAME OF MOTHER CHARLES RICE  14 MAIDEN NAME OF MOTHER CHARLES RICE  15 MOTHER CHARLES RICE  16 MOTHER CHARLES RICE  17 MAIDEN NAME OF MOTHER CHARLES RICE  18 MOTHER CHARLES RICE  18 MOTHER CHARLES RICE  19 MOTHER CHARLES RICE  10 MANE OF MOTHER CHARLES RICE  10 MANE OF MOTHER CHARLES RICE  11 BIRTHPLACE  (State or country)  12 MAIDEN NAME  OF MOTHER CHARLES RICE  18 MOTHER CHARLES RICE  19 MOTHER CHARLES RICE  10 MOTHER CHARLES RICE  10 MOTHER CHARLES RICE  10 MOTHER CHARLES RICE  10 MOTHER CHARLES RICE  11 MOTHER CHARLES RICE  12 MOTHER CHARLES RICE  13 MOTHER CHARLES RICE  14 MOTHER CHARLES RICE  15 MOTHER CHARLES RICE  16 MOTHER CHARLES RICE  17 MOTHER CHARLES RICE  18 MOTHER CHARLES RI	(Signed)
13 BIRTHPLACE OF MOTHER (State or country)  Mg/	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place to the death yrs, mes, ds, State yrs, mes, ds.
14 THE ABOVE IS TRUE TO THE BEBT OF MY KNOWLEDGE (Informant). Charles Rice)	Where was disease contracted, If not at place of death? Former or usual residence
Address) Chaby Mg,  16  Filed ,191  REGISTRAR	19 PLACE OF BURIAL OR REMOVAL  Mora nd, July 1.7., 191.3.  20 UNDERTAKER  LU Rhim Droby Md
if more blanks are needed, address State Begistrar	, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Fublic Health
Association.]

cated thus: Farmer (retired 6 yrs.). For persons duties of the household only (not paid Housekeepers material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The additional line is provided for the latter statement; the nature of the business or industry, and therefore an Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question CAUSING DEATH, state occupation at beginning of illof persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. minc, etc. fication, as Day laborer, Farm laborer, Laborer-Coal statement. it should be used only when needed. essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many tion is very important, so that the relative healthfulwho have no occupation whatever, write None. been changed or given up on account of the DISEASE Scrvant, Cook, Housemaid, etc. If the occupation has Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as "Manager," "Dealer," etc., without more precise speci-(a) Spinner, (b) Cotton mill; (a) Salesman, (b) Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," As examples: "Foreman,"

Statement of cause of death—Name, first, the disease causing death—Is affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemic cere-torospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcin-

cause of death approved by Committee on Nomencla. sepsis, tetanus) may be stated under the head of "Contributory." (Recommendations on statement of ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably mia," "PUREPERAL peritonitis," etc. State cause for childbirth or miscarriage, as "Pursperal scotichacetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Traemia," "Weakness," thenia," "Anaemia" (merely symptomatic), "Atrophy," ampie: Mcasles (disease causing death), 29 affection need not be stated unless important. injury, as fracture of skuii, and consequences (e. g. by carbolic acid-probably suicide. The nature of the dent; Revolver round of head-homicide; Polsoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. LENT DEATHS State MEANS OF INJUBY and qualify as which surgical operation was undertaken. "Heart failure," "Haemorrhage," "Inanition," "Maras. genital," "Senile." etc.), "Dropsy," "Collapse." "Coma," mere symptoms or terminal conditions, such as "Asvalvular heart disease; Chronic interstitial nephritis nant neoplasms) : Measles; Whooping cough: Chronic cer" is less definite; avoid use of "Tumor" for mails. ture of the American Medical Association.) Bronchopncumonia (secondary), 10 ds. Never report oma. Sarcoma. etc., of ... The contributory Always qualify ail diseases resulting from "Convulsions," "Debility" ("Con-(secondary or intercurrent) (name origin: "Can-"Exhaustion," Examples: For vio-



N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD BINDING MARGIN RESERVED FOR

W. B. Ne. 1

Village or Gity Markevin Rece	STATE OF MARYLAND CERTIFICATE OF DEATH Registered No.  [it death occurred in a hospital or institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male Wh Single,  MARRIED,  WIDOWED,  ORONORCED (Write the word)	16 DATE OF DEATH  7 (Month) (Day) (Year)  17 1 HEREBY CERTIFY, That I attended deceased from
6 DATE OF BIRTH  7  6  (Month)  (Day)  (A'ear)	that I last saw here alive on July 29, 1913
7 AGE  11 LESS than 1 day, hrs. OR min.?	and that death occurred on the date stated above, at 3 m, The CAUSE OF DEATH* was as follows:
*OCCUPATION (a) Trade, profession, or particular kind of work. (b) General nature of industry, business, or establishment in which employed (or employer)	(Duration) yrs. mos ds:
State or country)	(Secondary) (Duration)yrsmosds.
10 NAME OF FATHER John Reci  11 BIRTHPLACE OF FATHER (State or country)  12 MAIDEN NAME OF MOTHER OF MOTHER  Annie Passand	(Signed). (Address) Fudicity, M. D.  *State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.
OF MOTHER Amnie Hernard  13 BIRTHPLACE OF MOTHER (State or country)  MA	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place In the ot death yrs mos. 24 ds.
(Informant) THE BEST OF MY KNOWLEDGE	Where was disease contracted, If not at place of death?  Former or usual residence.  1911 Ulevan Hospital
(Address)  16 Filed 73/ 1913 771 Goodman Registran  If more blanks are needed, address State Revistra	20 UNDERTAKER  ADDRESS  Letuson Teliun Reduces and Regulation Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health
Association.]

cated thus: Farmer (retired 6 yrs.). of persons engaged in domestic service for wages, as duties of the household only (not paid Housekeepers "Manager," "Dealer," etc., without more precise specieases, especially in industrial employments, it is nec-CAUSING DEATH, state occupation at beginning of illshould be taken to report specifically the occupations gainfully employed, as At school or At home. Care who receive a definite salary), may be entered as statement. additional line is provided for the latter statement; essary to know (a) the kind of work and also (b) Civil engineer, Stationary fireman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfulwho have no occupation whatever, write None. heen changed or given up on account of the DISTASE Servant, Cook, Housemaid, etc. If the occupation has Housewife, Housework, or At Home, and children, not mine, etc. fication, as Day laborer, Farm laborer, Laborer-Coal material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. the nature of the business or industry, and therefore an Physician, Compositor, Architect, Locomotive engineer, For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-Spinner, (b) Cotton mill; (a) Salesman, If retired from business, that fact may be indi-Women at Home, who are engaged in the Never return "Laborer," As examples For persons "Foreman,"

Statement of cause of death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and eausation), using always the same accepted term for the same disease. Examples: Corebrospinal fewer (the only definite synonym is "Epidemle eere-brospinal meninglis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhold pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonacum, etc... Carcin-

ample: Measles (disease causing death), such, if impossible to determine definitely. Examples: LENT DEATHS State MEANS OF INJURY and qualify as mia," "PUERPERAL peritonitis," etc. State childbirth or misearriage, as "Puerperal septichaeetc., when a definite disease can be ascertained as the inus," "Old Age," "Shoek," "Uraemia," "Weakness," genital," thenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Al-Bronchopneumonia (secondary), 10 ds. affection need not be stated unless important. valvular heart disease; Ohronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronic eer" is less definite; avoid use of "Tumor" for maligcause of death approved by Committee on Nomenela-"Heart failure," "Haemorrhage," "Inanition," "Marasoma. Sarcoma. etc., of \_\_ ture of the American Medical Association.) "Contributory." scpsis, tetanus) injury, as fracture of skull, and consequences (e. by curbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Potsoned Accidental drowning; Struck by railway train—acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably which surgical operation was undertaken. For vio-"Collapse." "Coma," "Convulsions," "Debility" ("Con-The contributory Always qualify all diseases resulting from "Senile," etc.), may be stated under the head (Recommendations on statement of (secondary or intercurrent) "Dropsy," (name origin; "Can-"Exhaustion," Never report cause for 29 ds.;



PLACE OF DEATH

C	ounty Frederick 9706 M	CERTIFICATE OF	DEATH
	P	Registration Dist.	No.
٧	illiage or City Committaburg (No. Mary Lever	st; Ward)	[If death occurred li a hospital or institution give its NAME lostead of street and number.]
	- FOLL NAME	11	
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL/CERTIFICATE OF DI	EATH
35	4 COLOR OR RACE SINGLE, MARRIED, WIDOWED, WIDOWED, WIDOWED (Write the word)	16 DATE OF DEATH  (Month)  17 / I HEREBY CERTIFY, I hat I atte	(Day) (Year)
8 D	ATE OF BIRTH May T 1913  (Month) (Day) (Year)	that last saw h of allye on ally	29,1913
TA		and that death occurred on the dete stated abo The CAUSE OF DEATH* was as follows:	ve, at 3-30 m.
pa (b) bus	CCUPATION Trade, profession, or ritciplar kind of work	Heat prostros	rs. mos three
9 B	Emmilsburg Md.	(Secondary) (Duration)	rs. mos 3 Rags
ARENTS	10 NAME OF FATHER Cyfil Francis Roturng 11 BIRTHPLACE (State or country) Pensylvania  12 MAIDEN NAME  12 MAIDEN NAME  13 MAIDEN NAME  14 MAIDEN NAME  15 MAIDEN NAME  16 MAIDEN NAME  17 MAIDEN NAME  17 MAIDEN NAME  18 MAIDEN NAME  18 MAIDEN NAME  19 MAIDEN NAME  10 MAIDEN NAME  10 MAIDEN NAME  11 MAIDEN NAME  11 MAIDEN NAME  11 MAIDEN NAME  11 MAIDEN NAME  12 MAIDEN NAME  13 MAIDEN NAME  14 MAIDEN NAME  15 MAIDEN NAME  16 MAIDEN NAME  17 MAIDEN NAME  17 MAIDEN NAME  18 MAIDE	(Signed). State the DISEASE CAUSING DEATH, or, in de CAUSES, state (1) MEANS OF INJURY; and (2) TAL, SUICIDAL, OF HOMICIDAL.	N. D.
PA	13 BIRTHPLACE OF MOTHER (State or country) Maryland		TTS MOS ds.
	Interment) Cynil Francis Rotering	Where was disease contracted, If not at place of death?  Former or usual residence	**************************************
15 Fil	ed Jarly 31, 191 3 The Frank REGISTARR	Countspusy MA Jug	DRESS
	If more blanks are needed, address State Registr	ar, 6 E. Franklin St., Ballo., Requesting V. S. No. 1	

STATE OF MARYLAND

[Approved by U. 8. Census and American Public Health Association.]

additional line is provided for the latter statement; Grocery; (a) Foreman, (b) Automobile factory. The material worked on may form part of the second applies to each and every person, irrespective of age. tion is very important, so that the relative Lealthfulcated thus: Farmer (retired 6 yrs.). CAUSING DEATH, state occupation at beginning of Ill-Scrvant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care who receive a definite salary), may be entered as duties of the household only (not paid Housekcepers mine, etc. fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. (a) Spinner, (b) Cotton mill; (a) Salesman, it should be used only when needed. the nature of the business or industry; and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But In many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., For many occupations a single word or term on the ness of various pursuits can be known. The question who have no occupation whatever, write None. been changed or given up on account of the piseasu Housewife, Housework, or At Home, and children, not Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," Farmer or Planter, As examples: For persons "Foreman," (0)

Statement of cause of death—Name, first, the disease causing death—the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonacum, etc.. Carcin-

childbirth or miscarriage, as "Putereral septichacetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemla," "Weakness, "Heart failure," "Haemorrhage," "Inanition," "Maras genital," "Senile," etc.), "Dropsy," ample: Measles (disease causing death), 29 ds.: affection need not be stated unless important. cause of death approved by Committee on Nomenclainjury, as fracture of skull, and consequences (e. g. by carbolic acid-probably suicide. The nature of the such, if Impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. mia," "PUERPERAL peritonitis," etc. "Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As Bronchopncumonia (secondary), 10 ds. Never report valvular heart disease; Ohronic interstitial nephritis nant neopiasms); Measles; Whooping cough; Chronical zer" is less definite; avoid use of "Tumor" for malls oma. Surcoma. etc., of . ture of the American Medical Association.) "Contributory." dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-The contributory (secondary or intercurrent) tetanus) may be stated under the head Always qualify all diseases resulting from (Recommendations on statement of (name origin; "Can State cause for "Exhaustion," Examples: For vio-

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

AUG 2 1918
BUREAU, V.S.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD MARGIN RESERVED FOR BINDING

PLACE OF DEATH 9707 County Frederick	STATE OF MARYLAND CERTIFICATE OF DEATH
Village or City Hamstow (No	Registration Dist. No
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL GERTIFICATE OF DEATH
Jewal Phile Sincle, Married Wipoweb, Or Divorced (Write the word)	16 DATE OF DEATH 21 , 1913 (Month) (Day (Year)
6 DATE OF BIRTH  (Month) (Day (Year)	that I last saw h a alive on Suly 2 1 ,1913
7 AGE  Syrs Smos ds OR min.?	and that death occurred on the date stated above, at
(a) Trade, profession, or particular kind of work  (b) General nature of Industry, business, or establishment in which employed (or employer)  BIRTHPLACE (State or country)	Contributory Secondary  Contributory
10 NAME OF Polliam Sanglas  11 BIRTHPLACE OF FATHER (State or country) Sloogia  12 MAIDEN NAME OF MOTHER A MANAGE TO THE MANAG	(Signed) Sals W WINT MANS
13 BIRTHPLACE OF MOTHER (State or country) Sout know	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, or Recent Residents)  At place In the ot death
(Intermant) September 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	If not at place of death?  Former or  usual residence.
(Address) Tany Own,  16 Filed 23, 191.3 TCly & Monteson REGISTRAR	Hanor  20 UNDERTAKER  ADDRESS  ADDRESS  ADDRESS  ADDRESS  ADDRESS  ADDRESS
If more blanks are needed, address State Regist	trar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

cated thus: CAUSING DEATH, state occupation at beginning of illshould be taken to report specifically the occupations gainfully employed, as At school or At home. duties of the household only (not paid Housekeepers mine, etc. statement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfulwho have no occupation whatever, write None. been changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise speciit should be used only when needed. As examples: Civil engineer, Stationary freman, etc. But in many Statement of occupation-Precise statement of occupa-Spinner, (b) Cotton mill; (a) Salesman, If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," Farmer (retired 6 yrs.) For persons "Foreman,"

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberu-lesis of lungs, meninges, peritonacum, etc., Carcin-

nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for malig-LENT DEATHS state MEANS OF INJUST and qualify as mia," "PUERPERAL peritonitis," etc. childbirth or miscarriage as "Puerperal septichaeetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," genital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asample: Measles (disease causing death), 29 ds.; affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, oma, Sareoma, etc., of...... (name origin; "Cancause of death approved by Committee on Nomenclasepsis, tetanus) may be stated under the head injury, as fracture of skull, and consequences (e. g., dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably which surgical operation was undertaken. "Heart failure," "Haemorrhage," "Inanition," "Maras-Bronchopneumonia (secondary), 10 ds. ture of the American Medical Association. "Contributory." by carbolic acid-probably suicide. The nature of the The contributory (secondary or intercurrent) Always qualify all diseases resulting from (Recommendations on statement of State cause for Never report



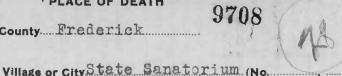
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PHYSICIA	TOOD TO	
N. BEvery Item of Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS show	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION	
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9708

County Frederick



#### STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist, No....

St .: Ward)

If death occurred in a hospital or Institution. give its NAME Instead

Thurmont. M d.

ot street and number. 1 John J. Schmelz PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 16 DATE OF DEATH 5 SINGLE, 3 SEX 4 COLOR OR RACE 14th. MARRIED. widdwed, Married Write the word) Male White I HEREBY CERTIFY. That I attended deceased from 6 DATE OF BIRTH May 14th. 1913. to July 14th. 1913. September 20th. /913. that I last saw h im allve on July 14th., 191 3. (Month) (Day) (Year) It LESS than 7 AGE and that death occurred on the date stated above, at 12 p.m.m. 1 day .....hrs. The CAUSE OF DEATH \* was as follows: 29 yrs. 9 mos. 27 ds. OR ..... min. ? Pulmonary Tuberculosis. 8 OCCUPATION (a) Trade, profession, or particular kind of work Letter Carrier (b) General nature of Industry. business, or establishment in (Duration) 3 (?y)s. mos. ds. which employed (or employer) ... U.S. P.O. Dept. Contributory Pulmonary Hemorrhage. 9 BIRTHPLACE (State or country) (Secondary) 5 minutes. Maryland (duration) ......yrs....mos... 10 NAME OF FATHER William F. Schmelz. July 15, 191.3 (Address) State Sanatorium Md ARENTS 11 BIRTHPLACE OF FATHER (State or country) Maryland \*State the DISEASE CAUSING DEATH, or, in death from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal. 12 MAIDEN NAME Mary Born OF MOTHER 16 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS TRANSIENTS DR RECENT RESIDENTS) 13 BIRTHPLACE Maryland OF MOTHER (State or country) Where was disease contracted. 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE If not at place of death? Probably at work. J.J. Schmelz. usual residence 860 W. Lexington, St., Balto 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL (Address) 860 W. Lexington St. 15 Balto. Citv. Unknown . 1912 20 UNDERTAKER ADDRESS

REGISTRAR

If more blanks are needed, address State Regis trar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

M. L. Craeger.

[Approved by U. S. Census and American Public Health Association.]

material worked on may form part of the second duties of the household only (not paid Housekcepers additional line is provided for the latter statement; cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, cated thus: Farmer (retired 6 yrs.). CAUSING DEATH, state occupation at beginning of illshould be taken to report specifically the occupations gainfully employed, as At school or At home. Care who receive a definite salary), may be entered as mine, etc. fleation, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. As examples: the nature of the business or industy; and therefore an essary to know (a) the kind of work and also (b) Civil engineer, Stationary fireman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. tion is very important, so that the relative healthfulwho have no occupation whatever, write None. been changed or given up on account of the DISTASE Servant, Cook, Housemaid, etc. of persons engaged in domestic service for wages, as Housewife, Housework, or At Home, and children, not For many occupations a single word or term on the ness of various pursuits can be known. The question Statement of occupation-Precise statement of occupa-Spinner, If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," - "Foreman," (b) Cotton mill; (a) Salesman, If the occupation has For persons (6)

Statement of cause of death—Name, first, the disease causing death—In always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lodar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcin.

which surgical operation was undertaken. For vicetc., when a definite disease can be ascertained as the thenia," "Anaemia" (merely symptomatic), "Atrophy," childbirth or miscarriage. as "Turrperal scottchae such, if impossible to determine definitely. mia," "PUERPEBAL peritonitis," etc. mus," "Old Age," "Shock," 'Traemia," "Weakness," genital," "Senile." etc.), "Collapse." "Coma," "Convuisions," "Debility" ("Conample: Measles (disease causing death), 29 ds. nant neoplasms); Measles; Whooping cough; Chronic ture of the American Medical Association.) cause of death approved by Committee on Nomencla "Contributory." scpsis, tctanus) injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver round of head-homicide; Potsoned Accidental drowning; Struck by railway train—acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJUBY and qualify as "Heart failure," "Haemorrhage," "Inanition," "Maras mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis oma. Sarcoma. etc., of ... is less definite; avoid use of "Tumor" for malls The contributory Always qualify all diseases resulting from (Recommendations on statement of may be stated under the head (secondary or intercurrent "Dropsy," "Exhaustion," (name origin; "Can-State cause for Never report Examples: 10

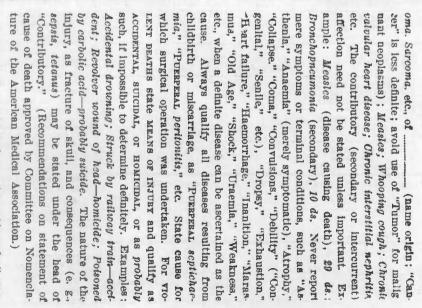


PLACE OF DEATH	STATE OF MARYLAND CERTIFICATE OF DEATH		
County Frederick 9709	Registration Dist. No./38		
Village or City New Market (No	St.; Ward)  [If death occurred in a hospital or institution, give its NAME instead of street and number.]		
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH		
Finale Black (Write the word)	16 DATE OF DEATH  (Month)  (Day)  (Year)  17  I HEREBY CERTIFY, That I attended deceased from		
Moy 10 , 1866 (Month) (Day) (Year)	that I last saw h allve on July # 151 ,191		
7 AGE If LESS than 1 day, hrs. OR min. ?	and that death occurred on the date stated above, at		
(a) Trade, protession, or particular kind of work. It for of Farm Laborer  (b) General nature of Industry, business, or establishment in which employed (or employer)	Transvive Myelitis  (Duration) 1 yrs 5 mos ds.		
9 BIRTHPLACE (State or country) Juak. Co. Ma	Contributory (Secondary) (Duration) yrs mos ds.		
10 NAME OF FATHER Bullfiels Lason  11 BIRTHPLACE OF FATHER (State or country)  12 MAIDEN NAME	(Signed) A-N, Norman M. D.  July 1913 (Address) New Market, M.  *State the DISEASE CAUSING DEATH, or, in deaths from Violent Causes, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL.		
12 MAIDEN NAME OF MOTHER  13 BIRTHPLACE OF MOTHER (State or country)  Md	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, or RECENT RESIDENTS)  At place In the of death yrs, mos, ds.		
(Informant). Clinton Sewell	Where was disease contracted, It not at piace of death?  Former or usual residence.		
(Address) Men Merset, Med  15 Filed July 3, 191.8 Les If Taylor REGISTRAR	19 PLACE OF BURIAL OR REMOYAL  NEW Mark A 7-3, 1913.  20 UNDERTAKER  WEW Market  LE Falconer  Mew Market  ADDRESS		
11 more blanks are needed, address blate Registra	r, 6 E. Franklin St., Balto., Requesting V. S. No. I.		

[Approved by U. 8. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.). For persons ness. If retired from business, that fact may be indiof persons engaged in domestic service for wages, as should be taken to report specifically the occupations duties of the household only (not paid Housekeepers fication, as Day laborer, Farm laborer, Laborer "Manager," "Dealer," etc., without more precise speci-Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. additional line is provided for the latter statement; essary to know (a) the kind of work and also (b) For many occupations a single word or term on the applies to each and every person, irrespective of age. tion is very important, so that the relative leaithfulwho have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has galnfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as minc, etc. statement. material worked on may form part of the second (a) Spinner, (b) Cotton mill; (a) Salesman, the nature of the business or industry; and therefore an cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, ness of various pursuits can be known. The question Statement of occupation-Precise statement of occupa-Women at home, who are engaged in the Never. return "Laborer," As examples: "Foreman," (0)

Statement of cause of death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphiherta (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, pertionaeum, etc.. Carcin-





PERMANENT BINDING FOR UNFADING INK-THIS RESERVED MARGIN WITH

S. No. 1.

PHYSICIANS should state of OCCUPATION Is very RECORD B.—Every Item of Information should be carefully supplied. AGE should be stated EXACTLY. CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement See Instructions on back of Important. ż

1 PLACE OF DEATH 9710



#### STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.

2FULL NAME Cewis W.	give its NAME instead
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Meale White (Single, Sengle, Married, Widowsto, Ordivorced (Write the word)	16 DATE OF DEATH  (Mount) (Day (Year)  17 I HEREBY CERTIFY, That I attended deceased from
7 AGE (Month) (Day (Year)  7 AGE (July 1) July (Year)  7 AGE (Month) (Day (Year)  1 LESS than t day,hrs. ORmin.?	that I last saw h alive on 1913 and that death occurred on the date stated above, at 3 m. The CAUSE OF DEATH* was as follows:
(a) Trade, protession, or particular kind of work  (b) General nature of industry, business, or establishment in which employed (or employer)  PBIRTHPLACE (State or country)  10 NAME OF FATHER (State or country)  11 BIRTHPLACE OF FAZHER (State or country)  WHAT (State or country)  12 MAIDEN NAME OF MOTHER Agences Record	(Signed)  *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.  18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, or RECENT RESIDENTS)  At place in the
OF MOTHER (State or country) Many land  14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  (Informant) Most faller & Shelter  (Address) No Bents St	At place of death yrs. mos. ds. State yrs. mos. ds. Where was disease contracted, it not at place of death?  Former or usual residence.  19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL  10 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL  20 UNDERTAKER  ADDRESS

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

inaterial worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. cases, especially in industrial employments, it is necapplies to each and every person, irrespective of age. ness of various pursuits can be known. The question gainfully employed, as At school or At home. mine, etc. "Manager," "Dealer," etc., without more precise specistatement. it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the cated thus: CAUSING DEATH, state occupation at beginning of illof persons engaged in domestic service for wages, as should be taken to report specifically the occupations Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers fication as Day laborer, Farm laborer, Laborer-Coal (a) Spinner, essary to know (a) the kind of work and also (b) Civil engineer, Stationary freman, etc. But in many who have no occupation whatever, been changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has Statement of occupation-Precise statement of occupais very important, so that the relative healthful-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return Farmer (retired 6 yrs.) For persons (b) Cotton mill; (a) Salesman, "Laborer," write None. As examples: "Foreman,"

Statement of cause of death—Name, first, the disease causing death—(the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tubercutesis of lungs, meninges, peritonaeum, etc., Carcin-

nant neoplasms); Measles; Whooping cough; Chronic mia," "PUERPERAL peritonitis," etc. State childbirth or miscarriage as "Puerperal septichaethenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronehopneumonia (secondary), 10 ds. affection need not be stated unless important. valvular heart disease; Chronie interstitial nephritis, oma, Sareoma, etc., of..... (name origin; "Cancause of death approved by Committee on Nomenclasepsis, tetanus) may be stated under the head of "Contributory." (Recommendations on statement of injury, as fracture of skull, and consequences (e. g., such, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. etc, when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Conture of the American Medical Association.) "Contributory." by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-"," "Old Age," "Shock," "Uraemia," "Weakness," is less definite; avoid use of "Tumor" for malig The contributory (secondary or intercurrent) Always qualify all diseases resulting from Measles "Senile," etc.), (disease causing death), 29 ds.; "Dropsy," "Exhaustion," Never report cause for For vio-



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	PLACE OF DEATH	9711		DIAIL OF MAKEL
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Vil	lage or City my ville	(No		St.;Ward)
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	FULL NAME Chas	Mm-	Snewfre	
	PERSONAL AND STATISTICAL I	PARTICULARS		MEDICAL CERTIFICATE OF DE
	1 0 0 0	IGLE,	16 DATE OF	DEATH Kile
SEX	MA WI	RRIEO, July	10	(Month)
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6 DA	TE OF BIRTH	97	Inl	1 // 1913 to July 2
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	(Month)		00 41	
AG			hre	h occurred on the date stated above
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	cular kind of work			0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0
`busin	ess, or establishment in a mpioyer (or employer)			(Duration)yrs
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	10 NAME OF 1/ 0 1/	-(	l	L-U
	FATHER A Co Shee	obridge	(Signed)	a fourth
S	11 BIRTHPLACE	1 /	July 20	, 1913 (Address) Quelastta
ENT	OF FATHER (State or country)	ma	*State the	DISEASE CAUSING DEATH, or, in detect (1) MEANS OF INJURY; and (2)
ARE	12 MAIDEN NAME		TAL, SUICIL	AL, OF HOMICIDAL.
PA	OF MOTHER Johnny Come	lia Numbers	18 LENGTH	F RESIDENCE (FOR HOSPITALS, INSTI
	13 BIRTHPLACE OF MOTHER	1	At place	In the
	(State or country)	4		rs mos ds. State y
14 TI	HE ABOVE IS TRUE TO THE BEST OF	MY KNOWLEDGE	Where was disea	death?
(	nformant) II & Shewler	idal	Former or	•
(	V	10.1	usual residence.	BURIAL OR REMOVAL DA
	(Address) My My	rne	P. /-	wille mil In
15	1.00	1 60 11	20 UN DERTA	
File	July 20, 181 3 ( 4m		- M-	1. 6. 43 c A
		REGIST		1151 Du Ous
	If more blanks are need	ed, address State 1	segustrar, 5 E. Frankli	n St., Balto., Requesting V. S. No. 1

#### STATE OF MARYLAND E OF DEATH

Istered No. 141

[It death occurred in

Ward) a hospital or Institution. give its NAME lostead of street and oumber.] TE OF DEATH (Year) (Day) That I attended deceased from 1913 stated above, at 12 15 H, or, in deaths from VIOLENT r; and (2) whether Acciden-HTALS, INSTITUTIONS, TRANSIENTS. a the State yrs mos ds. DATE OF BURIAL

[Approved by U. S. Census and American Public Health
Association.]

cated thus: Farmer (retired 6 yrs.). For persons CAUSING DEATH, state occupation at beginning of illof persons engaged in domestic service for wages, as should be taken to report specifically the occupations duties of the household only (not paid Housekeepers fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. Grocery; (a) Foreman, (b) Automobile factory. the nature of the business or industry, and therefore an cases, especially in industrial employments, it is necapplies to each and every person, irrespective of age who have no occupation whatever, write None. been changed or given up on account of the DISTASE Servant, Cook, Housemaid, etc. If the occupation has gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite saiary), may be entered as minc, etc. material worked on may form part of the second it should be used only when needed. additional line is provided for the latter statement; essary to know (a) the kind of work and also (b) Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the ness of various pursuits can be known. The question tion is very important, so that the relative healthfui-Statement of occupation-Precise statement of occupa-Spinner, (b) Cotton mill; (a) Salcsman, (b) If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," As examples: "Foreman,"

Statement of cause of death—Name, first, the disease causing death—the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc... Carcin-

ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably mia," "PUERPEBAL peritonitis," childbirth or miscarriage, as "Purperal septichaecause of death approved by Committee on Nomenclascpsis, tetanus) may be stated under the head injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned such, if impossible to determine definitely. LENT DEATHS State MEANS OF INJUSY and qualify as cause. Always qualify ail diseases resulting from etc., when a definite disease can be ascertained as the mus," "Oid Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (mereiy symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asampie: Measles (disease causing death), 29 affection need not be stated unless important. nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for mails. ture of the American Medical Association.) "Contributory." Accidental drowning; Struck by railway train-acciwhich surgical operation was undertaken. For vio-Bronchopncumonia (secondary), 10 ds. Never report valvular heart disease; Chronic interstitial nephritis. oma. Sarcoma. etc., of .. The contributory (secondary or intercurrent) "Seniie," etc.), (Recommendations on statement of "Dropsy," "Exhaustion," etc. State cause for (name origin; "Can-Examples:



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CORD	N. BEvery Item of Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very	
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WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD	XACTLY.	statemen	
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	-Every I	CAUSE	important. See instructions on back of certificate.
	N. B.		

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9712

County Frederick



#### STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No....

Village or City State Sanatorium(No.	give its NAME instead
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male White Single, MARRIED, WIDOWED, Marrie (Write the word)	ed    16 DATE OF DEATH   July   23rda, 191.3     (Month) (Day) (Year)
DATE OF BIRTH April 27th,	Jany. 22nd., 191 3, to July 23rd., 191 3,
	and that death occurred on the date stated above, at 2:158 m. The CAUSE OF DEATH* was as follows:  Pulmonary Tuberculosis.
(b) General nature of Industry, business, or establishment in Unknown which employed (or employer)  BIRTHPLACE (State or country)  Maryland	Contributory (Secondary)
10 NAME OF FATHER Frank Shields	(Signed) With yrs mos ds.
OFFATHER (State or country) Ireland	July 23rd191 3 (Address) State Sanatorium, South State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.
OF MOTHER Mary Donnolley  13 BIRTHPLACE OF MOTHER (State or country) Ireland	16 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)  At place * In the Lifetime ds. State yrs. 6 mos. ds.
4THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDG Informant) James Francis Shields	Former or usual residence 2034 E. Balto St. Balto Md.
Filed 24.1913. C. Regis	Baltimore, Md. Unknown 1913 Address

[Approved by U. S. Census and American Public Health Association.]

should be taken to report specifically the occupations Housewife, Housework, or At Home, and children, not "Manager," "Dealer," etc., without more precise specimaterial worked on may form part of the second statement. Never return "Laborer." "Foreman" additional line is provided for the latter statement; applies to each and every person, irrespective of age. ness. If retired from business, that fact may be indiof persons engaged in domestic service for wages, as who receive a definite saiary), may be entered as duties of the household only (not pald Housekeepers fication, as Day laborer, Farm laborer, Laborer-Coal it should be used only when needed. As examples: essary to know (a) the kind of work and also (b) cases, especially in Industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the ness of various pursuits can be known. tion is very important, so that the relative mealthfuicated thus: Farmer (retired 6 yrs.), For persons causing death, state occupation at beginning of illbeen changed or given up on account of the DISMASE Servant, Cook, Housemaid, etc. If the occupation has gainfully employed, as At school or At home. minc, etc. (a) Spinner, (b) Cotton mill; (a) Salesman Grocery; (a) Foreman, (b) Automobile factory. the nature of the business or indust; and therefore an Civil engineer, Stationary freman, etc. But in many who have no occupation whatever, write None. Statement of occupation-Women at home, who are engaged in the -Precise statement of occupa-Salcsman, (b) The question

Statement of cause of death—Name, first, the disease causino death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemic cercbrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid dememonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, pertionacum, etc.. Carcin-

such, if impossible to determine definitely. cause of death approved by Committee on Nomencla injury, as fracture of skull, and consequences (e. g., dent; Revolver wound of head-homicide; Poisoned ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably mia," "PUERPERAL peritonitis," etc. State cause for childbirth or miscarriage, as "PUERPERAL septichacmus," "Old Age," "Shock," "Uraemia," "Weakness," "Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," affection need not be stated unless important. valvular heart disease; Ohronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronic ver" is iess definite; avoid use of "Tumor" for mailsture of the American Medicai Association.) by carbolic acid-probably suicide. The nature of the Accidental drowning; Struck by railway train-acci-LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. etc., when a definite disease can be ascertained as the mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. ample: Measles (disease causing death), oma. Sarcoma. etc., of "Contributory." "Heart fallure," "Haemorrhage," "Inanition," "Maras The contributory tetanus) may be stated under the head Always qualify all diseases resulting from "Senile," etc.), (Recommendations on statement of (secondary or intercurrent) "Dropsy," (name origin; "Can-"Exhaustion," Never report Examples: 63



N. B.—Every item of information should be carefully supplied. AGE sheuld be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD MARGIN RESERVED FOR BINDING

V. S. No. 1.

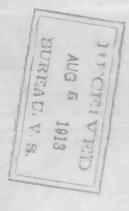
PLACE OF DEATH 9713  County Irederich City  Village or City Irederich (No. 500)  *FULL NAME & Melin & Superior Align	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, MOUVEMENT MOUNTAIN  COLOR OR RACE 5 SINGLE, MARRIED, MOUTHLO WISOWED, MOUTHLO (Write the word)	16 DATE OF DEATH  (Month) (Day) (Year)  17   HEREBY GERLIFY, That I attended deceased from 7, 191-8, to 191-3,
(Month) (Day) (Year)	that I last saw h. alive on July 7, 191 3
If LESS than 1 day. hrs. OR mos. ds. OR min.?	and that death occurred on the date stated above, at 11, 43 f., m.  The CAUSE OF DEATH'S was as follows:  Exophthamic Foilre
business, or establishment in which employed (or employer)	(Durytion) Z yrs X mos X ds.
OBJETHPLACE (State or country)	Gentributory Jacky cardia - Stock - (Secondary) Long Duration X yrs mos / ds
OF FATHER  OF FATHER  OF FATHER  OF FATHER  OF FATHER  (State or country)  12 MAIDEN NAME  OF FATHER  OF FATHER  (State or country)	(Signed) January, M. D.  (Signed) January, M. D.  (Signed) January, M. D.  (Signed) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.
of Mother (Monown  13 Birthplace Of Mother (State or country)	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)  At place In the ot death
(Informant)	Where was disease contracted, if not at place of death?  Former or usual residence
Filed Jack 8, 1913 De Craf Michael Recipion &	Prince of Burial OR REMOVAL DATE OF BURIAL MALSES 1913  20 UNDERTAKER ADDRESS  Prince OF BURIAL DATE OF BURIAL  ADDRESS  Prince OF BURIAL  ADDRESS  ADDRESS
If more blanks are needed, address State Regis trar, 6	E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

"Manager," "Dealer," etc., without more precise specicated thus: Farmer (retired 6 yrs.). For persons who have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of ilibeen changed or given up on account of the disease of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not duties of the household only (not paid Housekeepers minc, etc. fication, as Day laborer, Farm laborer, Laborer-Coal statement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry; and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary Areman, etc. Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. Servant, Cook, Housemaid, etc. If the occupation has who receive a definite salary), may be entered as (a) Spinner, (b) Cotton mill; (a) Salesman, For many occupations a single word or term on the ness of various pursuits can be known. tion is very important, so that the relative lealthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman," But in many The question (6)

Statement of cause of death—Name, first, the disease causing death—(the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal tever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopncumonia ("Pneumonia," unqualified, is indefinite); Tubercutosis of lungs, meninges, peritonaeum, etc.. Carcin-

such, if impossible to determine definitely. which surgical operation was undertaken. For viomia," "Puerperal peritonitis," etc. State cause for childbirth or miscarriage. as "Puenpenal septichaemus," "Oid Age," "Shock," "Traemia," "Weakness," ture of the American Medical Association.) cause of death approved by Committee on Nomencla "Contributory." scpsis, tctanus) injury, as fracture of skull, and consequences (e. by carbolic acid-probably suicide. The nature of the dent; Revolver second of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS State MEANS OF INJURY and qualify as etc., when a definite disease can be ascertained as the "Heart fallure," "Haemorrhage," "Inanition," "Maras. "Collapse." "Coma," "Convultions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," affection need not be stated unless important. mere symptoms or terminal conditions, such as "Asvalvular heart disease; Chronic interstitial nephritis neat neoplasms); Measles; Whooping cough; Chronic oma. Sarcoma. etc., of \_ Bronchopneumonia (secondary), 10 ds. Never report ter" is less definite; avoid use of "Tumor" for malig The contributory (secondary or intercurrent Aiways qualify all diseases resulting from Mcasles (disease causing death), 29 "Senile," etc.), (Recommendations on statement of may be stated under the head of "Dropsy," (name origin; "Can-"Exhaustion," Examples:



CERTIFICATE OF DEATH Registration Dist. No. OCCUPATION It death occurred in St.:...Ward) PHYSICIANS a hospital or institution. RECORD give its NAME Instead of street and number. I MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS PERMANENT 18 DATE OF DEATH MARRIED, 740 3 SEX 4 COLOR OR RACE WIDOWED. (Month) (Dav) OROWORCED (Write the word) REBY CERTIFY. That I attended deceased from 8 DATE OF SIRTH (Day) (Month) (Year) 7 AGE It LESS than and that death occurred on the date stated above, at 10.30 1 day,....hrs. cia The CAUSE OF DEATH\* was as lollows: ...min. ? properly 8 OCCUPATION (a) Trade, protession, or narticular kind of work (b) General nature of Industry. supplied business, or establishment In (Duration) тау which employed (or employer) Contributory 9 BIRTHPLACE (State or country) (Secondary) = that 10 NAME OF (Signed). FATHER of , 191 3. (Address) back 11 BIRTHPLACE terms, pino OF FATHER (State or country) \*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDEN-Z ARE TAL, SUICIDAL, OF HOMICIDAL. 12 MAIDEN NAME of information s
DEATH in plain
See instructions plain OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS OR RECENT RESIDENTS) 13 BIRTHPLACE At place OF MOTHER of death yrs. ... Where was disease contracted. It not at place of death? OF usual residenca. CAUSE OF important. 19 PLACE OF SURIAL OR REMOVAL DATE OF BURIAL (Address) ..... 15 20 UNDERTAKER ADDRESS Filed œ REGISTRAR z If more blanks are needed, address State Regis trar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

STATE OF MARYLAND

[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.). CAUSINO DEATH, state occupation at beginning of illbeen changed or given up on account of the disease of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care duties of the household only (not paid Housekeepers "Manager," "Dealer," etc., without more precise speciit should be used only when needed. As examples: who have no occupation whatever, write None. Servant, Cook, Housemaid, etc. If the occupation has Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. fication, as Day laborer, Farm laborer, Laborer—Coal statement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many first line will be sufficient, e. g., applies to each and every person, irrespective of age. (a) Spinner, Physician, Compositor, Architect, Locomotive engineer, For many occupations a single word or term on the ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never (b) Cotton mill; (a) Salesman, (b) return "Laborer," "Foreman," Farmer or Planter, For persons

Statement of cause of death—Name, first, the dibbase causino death—(the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid deumonia"); Lodar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculossis of lungs, meninges, peritonaeum, etc.. Carcin-

cause of death approved by Committee on Nomencla "Contributory." sepsis, tetanus) by carbolic acid-probably suicide. The nature of the such, if impossible to determine definitely. which surgical operation was undertaken. For viomia," "PUEBPERAL peritonitis," etc. childbirth or miscarriage. as "Puterberal septichaecause. Always qualify all discases resulting from etc., when a definite disease can be ascertained as the genital," "Collapse." "Coma," "Convulsions," "Debility" ("Conthenla," "Anaemia" (merely symptomatic), "Atrophy," ample: Measles (disease causing death), 29 ds.: ture of the American Medical Association.) injury, as fracture of skull, and consequences (e. g., dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS state MEANS OF INJURY and qualify as "Heart fallure," "Haemorrhage," "Inanition," "Maras mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronic ter" is less definite; avoid use of "Tumor" for malig oma. Sarcoma. etc., of ... The contributory (secondary or intercurrent) "Old Age," "Shock," "Senile," etc.), (Recommendations on statement of may be stated under the head "Dropsy," "Exhaustion," "Traemla," "Weakness," (name origin; "Can State cause for Examples:



PHYSICIANS shoul RECORD PERSONAL AND STATISTICAL PARTICULARS 3 SEX 5 SINGLE. 16 DATE OF DEATH 4 COLOR OR RACE MARRIED Man WIDOWED. (Write the word) 17 DATE OF BIRTH (Day 7 AGE if LESS than f day.....hrs. BOCCUPATION (a) Trade, protession, or (b) General nature of industry. business, or establishment in which employed (or employer) ..... 9 BIRTHPLACE Contributory (State or country) 10 NAME OF FATHER (Signed) PARENTS OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER OR RECENT RESIDENTS) 13 BIRTHPLACE At place OF MOTHER (State or country of death ...... yrs. ..... mos. .... ds. State \_\_\_\_\_ yrs. \_\_\_\_ mes. \_\_\_\_ ds DEATH Where was disease contracted. if not at place of death?. 0 Former or CAUSE OF Important. usuai residence. 16 20 UNDERTAKER REGISTRAR

PLACE OF DEATH

#### STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.....

lif death occurred in a hospital or institution give its NAME instead of street and number.]

MEDICAL CERTIFICATE OF DEATH CERTIFY. That I attended deceased from and that death occurred on the date stated above, at The CAUSE OF DEATH \* was as follows: \*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal. 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS,

ADDRE

If more blanks are needed, and restate registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

cated thus: of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. duties of the household only (not paid Housekeepers "Manager," "Dealer," etc., without more precise specistatement. it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question who have no occupation whatever, CAUSINO DEATH, state occupation at beginning of ill-Servant, Cook, Housemaid, etc. If the occupation has Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as minc, etc. ncation as Day laborer, Farm laborer, Laborer-Coal material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. essary to know (a) the kind of work and also (b) Civil engineer, Stationary freman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the been changed or given up on account of the DISEASE (a) Spinner, Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indivery important, so that the relative healthful-Women at home, who are engaged in the Never return "Laborer," Farmer (retired 6 yrs.) For persons (b) Cotton mill; (a) Salesman, write None. As examples: "Foreman," (0)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite syuonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia," unqualified, is indefinite): Tubercucsis of lungs, meninges, peritonaeum, etc., Carcin-

etc., when a definite disease can be ascertained as the valvular heart disease; Chronic interstitial nephritis. nant neoplasms); Measles; Whooping cough; Chronic oma, Sarcoma, etc., of...... (name origin; "Caninjury, as fracture of skull, and consequences (e. g., such, if impossible to determine definitely. Examples: LENT DEATHS state MEANS OF INJURY and qualify as mia," "PUERPERAL peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septiehaemus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asaffection need not be stated unless important. ture of the American Medical Association.) cause of death approved by Committee on Nomenclaby earbolic acid-probably suicide. The nature of the Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably which surgical operation was undertaken. Bronchopneumonia (secondary), 10 ds. "Contributory." dent; Revolver wound of head-homicide; Poisoned is less definite; avoid use of "Tumor" for malig-The contributory tetanus) may be stated under the head of ibutory." (Recommendations on statement of Always qualify all diseases resulting from Measles (disease causing "Senile," etc.), "Dropsy," (secondary or intercurrent) death), 29 "Exhaustion," Never report For viods.

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

AUG 5 1913
BUREAU, V.S.

		state very
4		should ION Is
	RECORD	PHYSICIANS of OCCUPAT
MARGIN RESERVED FOR BINDING	WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD	N. B.—Every Item of Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.
T. S. No. 1.	WRITE PLAINLY, WITH	N. B.—Every Item of Information should be garefully sur CAUSE OF DEATH in plain terms, so that it ma important. See instructions on back of certificate.

1 PLACE OF DEATH	9716	STATE OF MARY	
County Frederick	0,110	CERTIFICATE OF	DEATH
		Registration Dist.	No. /3/
Village or City Sabillasville  *FULL NAME Henry		St.;Ward)	[if death occurred in a hospital or institution, give its NAME lostead of street and number.]
PERSONAL AND STATISTICAL	PARTICULARS	MEDICAL CERTIFICATE OF	DEATH
Male Whate	INGLE, ARRIED, IDOWED, ROLLORGED	DATE OF DEATH (Mohth)	31st, 1912 (Day) (Year)
// CV	rite the word)	I HEREBY CERTIFY, That I at	tended deceased from
Selate of BIRTH	17 1801	May 1st, 1913 to Jul	
(Month)		at I last saw him alive on Jul	•
70 yrs. 10 mos.		d that death occurred on the date stated ab e CAUSE OF DEATH* was as follows:	ove, at <u>10 <del>; 30                                    </del></u>
OCCUPATION (a) Trade, profession, or Labore particular kind of work		Chronic Myocarditis	
(b) General nature of industry,	••••		**************************************
business, or establishment in which employed (or employer)	4****	(Ouration) .10	yrsds.
SIRTHPLACE (State or country)	Par Sand	Contributory Cardiac Dilatat (Secondary)	
10 NAME OF FATHER LA LUZ	Stern, (S)	gned) Atthur L, Dench,	yrs mos ds.
11 BIRTHPLATE		ug. 1st., 191.3. (Address) Stato So	
C (State or gountry) Mulanau  12 Maiden Name OF MOTHER		*State the DISEASE CAUSING DEATH, or, in CAUSES, state (1) MEANS OF INJURY; and (2 TAL, SUICIDAL, or HOMICIDAL.	deaths from VIOLENT 2) whether ACCIDEN-
of MOTHER Sulike St.		LENGTH OF RESIDENCE (FOR HOSPITALS, INS	
13 BIRTHPLACE OF MOTHER (State or country) Frederica	K63. Md. of		yrs, ds.
4THE ABOVE IS TRUE TO THE BEST OF		ere was disease contracted, not at place of death?	************************************
(Informant) Oy Me Stee		rmer or ual residence	
(Address) Sabillasını	1/// (/a a   max		ATE OF BURIAL
Market work. h	Stern	UNDERTAKEN A	DDR/55
Filed 1919	REGISTRAR	En Grove M	aune star ?.
If more blanks are need	ied, address State Registrar, 6	E. Franklin St., Balto., Requesting V. S. No.	Y

[Approved by U. 8. Census and American Public Health Association.]

ness. If retired from business, that fact may be indiof persons engaged in domestic service for wages, as should be taken to report specifically the occupations duties of the household only (not paid Housekeepers "Manager," "Dealer," etc., without more precise specimaterial worked on may form part of the second statement. Never return "Laborer," "Foreman," additional line is provided for the latter statement; applies to each and every person, irrespective of age. tion is very important, so that the relative lealthfulwho have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). CAUSING DEATH, state occupation at beginning of ilibeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as minc, etc. fication, as Day laborer, Farm laborer, Laborer-Groccry; (a) Foreman, (b) Automobile factory. The (a) Spinner, it should be used only when needed. As examples: the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., For many occupations a single word or term on the ness of various pursuits can be known. The question Statement of occupation-Precise statement of occupa-Women at home, who are engaged in the (b) Cotton mill; (a) Salcsman, If the occupation has Farmer or Planter, For persons -Coal (0)

Statement of cause of death—Name, first, the disease causing death—Name, first, the disease causing death—Name, first, the disease causing definite same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lodar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonacum, etc.. Carcinosis of lungs, meninges, peritonacum, etc.. Carcinosis

injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the such, if impossible to determine definitely. LENT DEATHS State MEANS OF INJURY and qualify as mia," "PUERPERAL peritonitis," etc. childbirth or miscarriage, as "Purrperal scpticharetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," genital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," ample: Mcastes (disease causing death), 29 ds. affection need not be stated unless important. cause of death approved by Committee on Nomencia-"Contributory." sepsis, tetanus) dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably which surgical operation was undertaken. "Heart failure," "Haemorrhage," "Inanition," "Maras Bronchopneumonia (secondary), 10 ds. valvular heart disease; Ohronic interstitial nephritis nant neopiasms); Measles; Whooping cough; Chronical cer" is less definite; avoid use of "Tumor" for malig ture of the American Medical Association.) mere symptoms or terminal conditions, such as "Asoma. Surcoma. etc., of The contributory (secondary or intercurrent) Always qualify all diseases resulting from may be stated under (Recommendations on statement of (name origin; "Can State cause for Never report Examples: For vio-

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SEP 2 1913
BUREAU, V. S.

WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD BINDING FOR RESERVED MARGIN

S. No. 1.

s very	PLACE OF DEATH  Gounty Frederics 9717	STATE OF MARYLAND CERTIFICATE OF DEATH
houl	7	Registration Dist. No. 140
PHYSICIANS should of OCCUPATION IS	Village or City and Detour (No. )	St; Ward)  [If death occurred in a hospital or institution give its NAME instead of street and number.]
. =	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
d. Exact statement	4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWEO, ORDIVORCED (Write the word)  8 DATE OF BIRTH  Lebruary 12, 19//  (Month) (Day) (Year)	16 DATE OF DEATH  (Month)  (Month)  (Day)  (Year)  17  I HEREBY CERTIFY, That I attended deceased from July  23, 1913.  (that I last saw h l alive on July 23, 1913.
should be s y classified.	7 AGE  2 yrs. 5 mos. // ds. OR min.?	and that death occurred on the date stated above, all : 25q m. The CAUSE OF DEATH* was as follows:
arefully supplied. AGE sithat it may be properly certificate.	6 OCCUPATION (a) Trade, profession, or particular kind of work.  (b) General nature of Industry, business, or establishment in which employed (or employer)  9 BIRTHPLACE (State or country)  Mary C.	(Duration) - yrs mos. 8, ds.  Contributory Broucho- premium
nformation should be carefu ATH in plain terms, so that instructions on back of certif	10 NAME OF FATHER William Elias Stetely  11 BIRTHPLACE OF FATHER (State or country)  12 MAIDEN NAME OF MOTHER Mande Carmen Otto  13 BIRTHPLACE OF MOTHER (State or country)  13 BIRTHPLACE OF MOTHER (State or country)  14 Mary Land	(Signed) Color (Duration) Tyrs — mos ds.  (Signed) Color (Duration) (Signed) (Signed
N. BEvery Item of Info CAUSE OF. DEAT Important. See Inc	(Informant)  (Address)  (Address)	Where was disease contracted,  If not at place of death?  Former or  usual residence  19 PLAGE OF BURIAL OR REMOVAL  AMUS AS Church, Sully 25, 1913  20 UNDERPAKER  ADDRESS

C 2

[Approved by U. S. Census and American Public Health Association.]

who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). For persons ness. If retired from husiness, that fact may be indi-CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers fication, as Day laborer, Farm laborer, Laborer "Manuger," "Dealer," etc., without more precise specistatement. Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. As examples: (a) Spinner, (b) Cotton mill; (a) Salesman, (b) additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfuimine, etc. material worked on may form part of the second Civil engineer, Stationary Areman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, Statement of occupation-Precise statement of occupa-Women at home, who are engaged in the Never return "Laborer," "Foreman,"

Statement of cause of death—Name, first, the disease causing death—Name, first, the disease causing death—Name, first, the disease to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcinologies

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If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

AUG 5 1913
BUREAU, V.S.

02

#### should state OCCUPATION IS VERY 9718 PHYSICIANS ō Exact statement PERSONAL AND STATISTICAL PARTICULARS 3 SEX 4 COLOR OR RACE 5 SINGLE. MARRIED, WIDOWED, SAME ORDIVORCED (Write the word) DATE OF BIRTH (Month) (Day (Year) 7 AGE If LESS than 1 day.....hrs. OR ..... min. ? properly BOCCUPATION (a) Trade, profession, or particular kind of work. (b) General nature of industry, business, or establishment in which employed (or employer) ..... certificate. 9 BIRTHPLACE (State or country) 10 NAME OF FATHER 0 0 DEATH in plain terms. See Instructions on back PARENTS 11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER 13 BIRTHPLACE OF MOTHER (State or country) TO THE BEST Every item Important. (Address). 15 m REGISTRAR ż o, selvorder

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

PLACE OF DEATH

#### STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist, No.

Ilf death occurred in a hospital or institution. give Its NAME Instead of street and number.]

Sor vello Md

MEDICAL	L CERTIFICATE	OF DEATH	
16 DATE OF DEATH	July (Month)	(Day	, 1913
17 I HEREB	Y CERTIFY, The		
april 5th		ly 7 th.	1912.
that I last aaw harm a	(IA	6 Ite	, 1913.
and that death occurred	on the date stat	ed above, at. 2	-30 A m
The CAUSE OF DEATH			A
Houte ST	Tephri	tis/	
3====0 === 0 0 00 00 00 00 00 00 00 00 00		**************************************	
	70000000000000000000000000000000000000		······································
	(Duration)	1/ yrs 4	mosds
Gentributory		-00 000 min 000, p = 2000 000 000 000 000 000 000 000 000	********
	(Doration)	yrs	mosds
(Signed) / Kt-le	Lendas	mer	м. п
July 7- 1, 1913	(Address) Fue	denielle	Zuch
*State the DISEASE (CAUSES, state (1) MESTAL, SUICIDAL, or HOME	CAUSING DEATH.	or, in deaths fr	om Viotes
18 LENGTH OF RESIDEN	ICE FOR HOSPITA	LS, INSTITUTIONS,	TRANSIENTS
OR RECENT RESIDENTS)	In the		
of death yrs mos	ds. State	yrs	mos ds
Where was disease contracted, If not at place of death?			
Former or usual residence	2777444080000 001 04000000000000000000000000		· · · · · · · · · · · · · · · · · · ·
19 PLACE OF BURIAL O	RREMOVAL	DATE OF B	URIAL
mr Olivs	A Cemete	111 -	191
20 UNDERTAKER	1	PODRESS	0

[Approved by U. S. Census and American Public Health Association.]

"Manager," "Dealer," etc., without more precise specistatement. the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b)applies to each and every person, irrespective of age. tion is very important, so that the relative healthfulwho have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.) For persons ness. CAUSINO DEATH, state occupation at beginning of ill-Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. additional line is provided for the latter statement; Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, c. g., Farmer or Planter, For many occupations a single word or term on the ness of various pursuits can be known. The question been changed or given up on account of the disease (a) Spinner, Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indiespecially in industrial employments, it is nec-Women at home, who are engaged in the Never return (b) Cotton mill; (a) Salesman, "Laborer," As examples: "Foreman," (0)

Statement of cause of death—Name, first, the disease causing death—It respect to the and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningtitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhold pneumonia"); Lobar pneumonia; Bronchopneumonia ("Tneumonia," unqualified, is indefinite): Tubereuclesis of lungs, meninges, peritonaeum, etc., Carcin-

valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronie cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of...... (name origin; "Canture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." sepsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., by earbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Aecidental drowning; Struck by railway train-aecisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS state MEANS OF INJURY and qualify us which surgical operation was undertaken. For viomia," "PUERPERAL peritonitis," etc. childbirth or miscarriage as "Puerperal septichacetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," merc symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. ample: Measles (disease causing death), 29 ds.; affection need not be stated unless important. The contributory Always qualify all diseases resulting from (Recommendations on statement of (secondary or intercurrent) State cause for Never report



Q	Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should a CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is important. See instructions on back of certificate.
RECOR	PHYSIC of OCC
ANENT	KACTLY.
PERM	stated E)
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WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD	rmation s In pialn ructions
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. T O.	Every item of information should be carefully sup CAUSE OF DEATH in plain terms, so that it may important. See instructions on back of certificate.

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state

STATE OF MARYLAND 1 PLACE OF DEATH CERTIFICATE OF DEATH Registration Dist. No. It death occurred in ...Ward) a hospital or institution. give its NAME Instead ot street and number.] tattlemyer MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 18 DATE OF DEATH 5 SINGLE, 3 SEX 4 COLOR OR RACE MARRIED, WIDOWED, (Month) (Day) ORDIVORCED (Write the word) I HEREBY CERTIFY, That I sttended deceased from B DATE OF BIRTH 836 (Month) (Day) (Year) It LESS than TAGE and that death occurred on the date stated above, at 1 day, .... hrs. The CAUSE OF DEATH \* was as follows: ... min. ? BOCCUPATION (a) Trade, profession, or particular kind of work. (b) General nature of Industry. Sudden business, or establishment in which employed (or employer) ..... Contributory 9 BIRTHPLACE (State or country) (Secondary) 10 NAME OF FATHER (Signed) 191 (Address) 11 BIRTHPLACE ENT OF FATHER (State of country) \*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL 2 12 MAIDEN NAME 4 OF MOTHER 18 LENGTH OF RESIDENCE FOR HOSPITALS, INSTITUTIONS, TRANSIENTS. OR RECENT RESIDENTS) 13 BIRTHPLACE At place In the OF MOTHER of death ...... yrs. mos. ds. State ..... yrs. .... mos. Where was disease contracted. 14 THE ABOVE IS TRUE TO it not at place of death? Former or (Informant) usual residence 19 PLACE OF BURIAL DATE OF BURIAL 15 20 UNDERTAKER ADDRESS REGISTRAR If more blanks are teeded, address State Regis trar, 6 E. Franklin St., Balto., Requesting V. S. No. 1

[Approved by U. S. Census and American Public Health Association.]

duties of the household only (not paid Housekeepers cated thus: Farmer (retired 6 yrs.). For persons CAUSING DEATH, state occupation at beginning of illof persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. fication, as Day laborer, Farm laborer, Laborer—Coal "Manager," "Dealer," etc., without more precise specistatement. Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many applies to each and every person, irrespective of age. who have no occupation whatever, write None. been changed or given up on account of the DISEASE Servant, Cook, Lousemaid, etc. If the occupation has Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. material worked on may form part of the second (a) Spinner, Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never (b) Cotton mill; (a) Salcsman, return "Laborer," "Foreman," As examples:

Statement of cause of death—Name, first, the disease causing death—the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcin-

childbirth or miscarriage. as "Puerperal scotichae injury, as fracture of skull, and consequences (e. g., dent; Revolver wound of head-homicide; Poisoned such, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS State MEANS OF INJURY and qualify 85 mia," "PUERPERAL peritonitis," etc. State cause for etc., when s definite disease can be ascertained as the mus," "Old Age," "Shock," "Heart failure," "Haemorrhage," "Inanition," "Maras "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As ample: Measles (disease causing death), 29 ds. affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronic oma. Sarcoma. etc., of ture of the American Medical Association.) cause of death approved by Committee on Nomencla "Contributory." scpsis, tctanus) by carbolic acid-probably suicide. The nature of the Accidental drowning; Struck by railway train-acciwhich surgical operation was undertaken. Bronchopncumonia (secondary), 10 ds. Never report is less definite; avoid use of "Tumor" for malls The contributory (secondary or intercurrent) Always qualify all diseases resulting from "Senile," etc.), may be stated under the head (Recommendations on statement of "Dropsy," "Exhaustion," "Traemia," "Weakness," (name origin; "Can-Examples:

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

AUG 1 1913 BUREAU. V. S.

V. S. No. 1.

N. B.-

#### Every Item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. RECORD A PERMANENT WRITE PLAINLY, WITH UNFADING INK-THIS IS

1 PLACE OF DEATH Frederick Point of Rockins

9720

#### STATE OF MARYLAND CERTIFICATE OF DEATH

Registered No

.Ward)

[It death occurred in a hospital or institution, give its NAME instead of street and number.]

PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX  4 COLOR OR RACE  MARRIED, WIDOWED, ORDIVORCED (Write the word)	16 DATE OF DEATH  (Month) (Day) (Year)  17 I HEREBY CERTIFY, That I strended deceased from
G DATE OF BIRTH  Tolay  (Month)  (Day)  (Year)	that I last saw have allow on July le 38M- 1913
7 AGE   It LESS than 1 day,hrs. ORmin. ?	and that death occurred on the date stated above, at
6 OCCUPATION  (a) Trade, profession, or particular kind of work  (b) General nature of industry, business, or establishment in which employed (or employer)	(Duration) yrs. mos. 6 luk
*BIRTHPLACE (State or country) Frederick Co. Mg.	Contributory Unitroval (Secondary)  (Duration) yrs mos ds
10 NAME OF FATHER (N. O. FLORENCE)  11 BIRTHPLACE (State or country)  12 MAIDEN NAME OF MOTHER OF MOTHER OF MOTHER	(Signed) Calswillestune , M. D. State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.
13 BIRTHPLACE OF MOTHER (State or country) Lefferson Co. W/a.	16 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place In the ot death
(Informant) (Informant)	Where was disease contracted, It not at place of death?  Former or usual residence
(Address) Fourt of Ricks MS.  15 Filed. 7. // ,1913 A Mathin trappell DOPT DOAL REGISTRAR	Shephordstonn That Value 1913.  20 UNDERTAKER  M. R. Stohison
f more blanks are needed, address State Registra	r, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Healith
Association.]

duties of the household only (not pald Housekeepers "Manager," "Dealer," etc., without more precise specimaterial worked on may form part of the second it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an tion is very important, so that the relative healthfulcated thus: Farmer (retired 6 yrs.). CAUSING DEATH, state occupation at beginning of ill-Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations Housewife, Housework, or At Home, and children, not fication, as Day laborer, Farm laborer, Laborer-Coal statement. Grocery; (a) Foreman, (b) Automobile factory. The cases, especially in industrial employments, it is nec-Civil engineer, Stationary froman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., ness of various pursuits can be known. The question who have no occupation whatever, write None been changed or given up on account of the DISEASE gainfully employed, as At school or At home. who receive a definite salary), may be entered as mine, etc. essary to know For many occupations a single word or term on the applies to each and every person, irrespective of age. Statement of occupation-Precise statement of occupa-Spinner, If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman," (b) Cotton mill; (a) Salesman, (a) the kind of work and also (b) Farmer or Planter, As examples: For persons

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Gerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopncumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcin-

oma. childbirth or miscarriage, as "Puraperal septichaevalvular heart disease; Chronic interstitial nephritis cer" Is less definite; avoid use of "Tumor" for mails. ture of the American Medicai Association.) cause of death approved by Committee on Nomencia-"Contributory." sepsis, tetanus) by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Polsoned such, if impossible to determine definitely. Examples: mia," "PUERPERAL peritonitis," etc. State cause for etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse," "Coma," "Convuisions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," ampie: Measles (disease causing death), 29 affection need not be stated unless important. nant neoplasms); Measles; Whooping cough; Chronia injury, as fracture of skull, and consequences (e. g., Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report sacana etc., of The contributory (secondary or intercurrent) Always qualify all diseases resulting from may be stated under the head (Recommendations on statement of (name origin; "Can-



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S. No. 1.

1 PLACE OF DEATH

9721	STATE OF MARTLAND
Frederich 3161	CERTIFICATE OF DEATH
County	Registration Dist. No. /3
Village or City Firedorech (No. 122,	St.; 2 Ward) [It death occurred in a hospital or institution, give its NAME instead
FULL NAME Williams	Tellman ot street and number.
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male Color of face 5 single, MARRIED Moarried Willowsto, Ordivorced (Write the word)	16 DATE OF DEATH (Month) (Day (Year)
5 DATE OF BIRTH	17 I HEREST CERTIFY, That I attended deceased from
(Month) (Day (Year)	that I last saw h allve on July 24 ,1913
7 AGE If LESS than 1 day,hrs.	and that death occurred on the date stated above, at 12,300 m. The CAUSE OF DEATH* was as follows:
62 yrs mos or min.?	The same of the sa
(a) Trade, protession, or particular kind of work.	Cardiae Valoula Lesion
(b) General nature of Industry, business, or establishment in	(Ouration) 7 yrsmosds
which employed (or employer)	Contributory Olcoholism
9 BIRTHPLACE (State or country) Mangland	Secondary Secondary (Duration) yrs
10 NAME OF FATHER - Fillman	(Signed) A Gourn , M. D
11 BIRTHPLACE OF FATHER (State or country) a company of the control of the contro	My dry 1913 (Address) Pedestalist
12 MAIDEN NAME	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether Acciden TAL, SUICIDAL, OF HOMICIDAL.
13 BIRTHPLACE	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS OR RECENT RESIDENTS) At place
(State or country) Do not bender	of death yrs. mos. ds. State yrs, mos. ds. Where was disease contracted.
THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	It not at place of death?
(Intermant)—William Silliam Si	usual residence
(Address)	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
Filed July 28, 1913 Da Sna JME burd	20 UNDERTAKER ADDRESS Showers J. This Freedom
1 Part	strar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.
+	

STATE OF MARYLAND

[Approved by U. S. Census and American Public Health Association.]

material worked on may form part of the second should be taken to report specifically the occupations duties of the household only (not paid Housekeepers statement. the nature of the business or industry, and therefore an cases, especially in industrial employments, it is necapplies to each and every person, irrespective of age. ness of various pursuits can be known. The question cated thus: Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as gainfully employed, as At school or At home. mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise speci-Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. additional line is provided for the latter statement; essary to know (a) the kind of work and also (b) Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the who have no occupation whatever, CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as (a) Spinner, (b) Cotton mill; (a) Salesman, Statement of occupation-Precise statement of occupais very important, so that the relative healthful-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," Farmer (retired 6 yrs.) For persons write Nonc. As examples: "Foreman,"

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumodia," udqualified, is indefinite): Tubercucsis of lungs, meninges, peritonacum, etc., Carcin

valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic sepsis, tetanus) may be stated under the head injury, as fracture of skull, and consequences (e. g., such, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as mia," "PUERPERAL peritonitis," etc. State childbirth or miscarriage as "Puerperal septichaemus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report affection need not be stated unless important. cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of...... (name origin; "Canture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acciwhich surgical operation was undertaken. etc., when a definite disease can be ascertained as the The contributory (secondary or intercurrent) Always qualify all diseases resulting from Measles (disease causing death), 29 ds.; "Senile," etc.), (Recommendations on statement of "Dropsy," "Exhaustion," cause for For vio-



Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. RECORD PERMANENT BINDING UNFADING INK-THIS IS FOR RESERVED WRITE PLAINLY, WITH MARGIN V. S. No. 1.

N. B.

County Tredericks	Registration Dist. No
VIIIogo or City Frederick No. City 2FULL NAME Onfant	
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
SEX  4 COLOR OR RACE  MARRIED, WIDOWED, OR DIVORCED (Write the word)  6 DATE OF BIRTH  MONTH (Day (Year)	16 DATE OF DEATH  (Mopth) (Day (Year)  17 I HEREBY CERTIFY, That I attended deceased from 1913,
7 AGE  O yrs. O mos 2 ds. ORmin.?	and that death occurred on the date stated above, at
(a) Trade, profession, or particular kind of work  (b) General nature of Industry, business, or establishment in which employed (or employer)  BIRTHPLACE (State or country)	Contributory Puerpural Eclem fria of marke,  Secondary  Ouration) * yrs * mos * ds,  Contributory Puerpural Eclem fria of marke,  Ouration) * yrs # mos - ds.
10 NAME OF FATHER Charles 6. Verts  11 BIRTHPLACE OF FATHER (State or country) Many Caryland  12 Maiden NAME OF MOTHER OF MOTHER OF MOTHER	(Signed) GADANA (Address) F. M. ALLICA TO A. D.  *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
13 BIRTHPLACE OF MOTHER (State or country)  14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  (Informant) Colors & Colors	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place In the ot death yrs. mos. ds. State yrs, mos. ds. Where was disease contracted, If not at place of death?  Former or usual residence.
	19 PLACE OF BURIAL OR REMOVAL  Covettsvelle Va July 17, 1813.  20 UNDERTAKER  ADDRESS  Thomas T. Thice Frederick  trat, 6 E. Franklin St., Balto, Requesting V. S. No. 1.

STATE OF MARYLAND

CERTIFICATE OF DEATH

9722

1 PLACE OF DEATH

[Approved by U. S. Census and American Public Health Association.]

should be taken to report specifically the occupations gainfully employed, as At school or At home. duties of the household only (not paid Housekeepers mine, etc. statement. it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfulwho have no occupation whatever, CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the nisease Servant, Cook, Housemaid, etc. If the occupation has Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specimaterial worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. cated thus: of persons engaged in domestic service for wages, as Statement of occupation-Precise statement of occupa-Spinner, (b) Cotton mill; (a) Salesman, If retired from business, that fact may be indi-Women at home, who are engaged in the Never return Farmer (retired 6 yrs.) For persons "Laborer," write None. As examples: "Foreman,"

Statement of cause of death—Name, first, the disease causing death—(the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Gerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tubereucsis of lungs, meninges, peritonaeum, etc., Carcin-

valvular heart disease; Chronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronic mia," "Puerperal peritonitis," etc. State childbirth or miscarriage as "Puerperal septichaemus," "Old Age," "Shock," "Uraemia," "Weakness," thenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asaffection need not be stated unless important. cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of..... (name origin; "Cancause of death approved by Committee on Nomenclasepsis, tetanus) may be stated under the head injury, as fracture of skull, and consequences (e. g., by earbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned such, if impossible to determine definitely. Examples: ACCIDENTAL, SUICINAL, or HOMICINAL, or as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. cause. ctc., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Con-Bronchopneumonia (secondary), 10 ds. ture of the American Medical Association.) "Contributory." Aecidental drowning; Struck by railway train—acci-The contributory (secondary or intercurrent) Always qualify all diseases resulting from Measles "Senile," etc.), (Recommendations on statement of (disease causing death), 29 ds.; "Dropsy," "Exhaustion," Never report cause for For vio-



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PLACE OF DEATH	STATE OF WARTLAND
County Frederick 9723	CERTIFICATE OF DEATH
0	Registration Dist. No. 8
Village or City Commitsburg (No.	St.; Ward) [If death occurred
* FULL NAME Barbara Mer	garet Hachte a hospital or institution give its NAME lostes of street and number.}
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX  4 COLOR OR RACE  MARRIED, WIDOWED, ORDIVORCED (Write the word)	(Month) (Day), 1913
G DATE OF BIRTH	I HEREBY CERTIFY, That I attended deceased from
March, S, 1913  (Month) (Day) (Year)	that I last saw h alive on 2 6 1913
7 AGE If LESS than	and that death occurred on the date stated above, at A m
yrs. 4 mas. 2 0 ds. ORmin.?	The CAUSE OF DEATH * was as follows:
BOCCUPATION	Cholera Interior
(a) Trade, profession, or particular kind of work	
(b) General nature of industry, business, or establishment in	Guration) Ors. mos. 28 ds
which employed (or employer)	Contributory Chara Infantan
(State or country) Maryland	(Secondary) (Deration) Ars mos 28 ds
10 NAME OF Edwin Robert Wachter	(Signed) 1377 M. D.
V 11 BIRTHPLACE OF FATHER (State or country)  Marulana	28, 191 3 (Address) Thomas by
Z OF FATHER (State or country)  12 MAIDEN NAME OF MOTHER D. 70 9	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
a June margare prouse	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS OR RECENT RESIDENTS)
13 BIRTHPLACE OF MOTHER (State or country)	At place Io the of death yrs mos ds. State yrs mos ds.
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, If not at place of death?
(Informant) Edwin Robert Warliter	Former or usual residence.
(Address) Commitsburg Md.	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
16 A 0 - 2 2 2 1 1 1 1	Dence Stewnof My Luly 29 , 191.3
Filed July 29, 1913 M. F. Oliver REGISTARR	L'a Topper E Teler
If more blanks are needed, address State Registr	ar, E. Franklin St., Balto, Requesting V. S. No. 1.
	ma

[Approved by U. S. Census and American Public Health Association.]

"Manager," "Dealer," etc., without more precise specifirst line will be sufficient, e. g., Farmer or Planter, ness of various pursuits can be known. The question additional line is provided for the latter statement; cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many applies to each and every person, irrespective of age. tion is very important, so that the relative lealthfulshould be taken to report specifically the occupations gainfully employed, as At school or At home. who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers minc, etc. fication, as Day laborer, Farm laborer, Laborerstatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The (a) Spinner, (b) Cotton mill; (a) Salesman, it should be used only when needed. the nature of the business or industry; and therefore an essary to know (a) the kind of work and also (b) Physician, Compositor, Architect, Locomotive engineer, For many occupations a single word or term on the who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as Housewife, Housework, or At Home, and children, not Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman," As examples: For persons (6)

Statement of cause of death—Name, first, the disease causing death—Name, first, the disease causing death—Name, first, the disease causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc... Carcinosis of lungs, meninges, peritonaeum, etc...

childbirth or miscarriage, as "Purprerat scpticharetc., when a definite disease can be ascertained as the nant neopiasms); Measles; Whooping cough; Chronical dent; Revolver wound of head-homicide; Poisoned such, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. mia," "PUERPERAL peritonitis," etc. State cause for mus," "Old Age," "Shock," "Uraemia," "Weakness," genital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As Bronchopneumonia (secondary), 10 ds. Never report ample: Mcastes (disease causing affection need not be stated unless important. vulvular heart disease; Chronic interstitial nephritis oma. Surcoma. etc., of ture of the American Medical Association.) cause of death approved by Committee on Nomenclainjury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the Accidental drowning; Struck by railway train-acci-"Heart failure," "Haemorrhage," "Inanition," "Maras. "Contributory." is less definite; avoid use of "Tumor" for malig The contributory (secondary or intercurrent) tetanus) may be stated under the head of Always qualify all diseases resulting from (Recommendations on statement of (name origin; "Can death), 29 Examples: For VIO-

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

AUG 2 1913
BUREAU, v.s.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD BINDING FOR RESERVED MARGIN V. S. No. 1.

1 PLACE OF DEATH 9724	STATE OF MARYLAND
County Isslend	CERTIFICATE OF DEATH Registration Dist, No. 139
Village or City Janatorum (No	St.; Ward)  [It death occurred in a hospital or institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX  4 COLOB OR RACE  MARRIED, WIDOWEO, ORDIVORCED (Write the word)	16 DATE OF DEATH (Month) (Day) (Year)  17 1 HEREBY CERTIFY, That I attended deceased from
6 DATE OF BIRTH 10 , 18.79 (Month) (Day) (Year) 7 AGE If LESS than	that I last saw h m alive on Jud 9 1913, and that death occurred on the date stated above, at 7 P m.
34 yrs. D mos. 29 ds. or. min.?  6 occupation (a) Trade, profession, or particular kind of work.	The CAUSE OF DEATH* was as follows:  Julinorugh Payries Tuliano
(b) General nature of Industry, business, or establishment in which amployed (or employer)	Gontributory (Buration) 6 yrs. mos. ds.
9 BIRTHPLACE (State or country) Williams MA  10 NAME OF FATHER OF FATHER  11 BIRTHPLACE OF FATHER (State or country) Service (State or country) Service  12 MAIDEN NAME OF MOTHER (State or country) Ballions MA  13 BIRTHPLACE OF MOTHER (State or country) Ballions MA  (State or country) Ballions MA  13 BIRTHPLACE OF MOTHER (State or country) Ballions MA  14 BIRTHPLACE OF MOTHER (State or country) Ballions MA  15 BIRTHPLACE OF MOTHER (State or country) Ballions MA  16 BIRTHPLACE OF MOTHER (State or country) Ballions MA  17 BIRTHPLACE OF MOTHER (State or country) Ballions MA  18 BIRTHPLACE OF MOTHER (State or country) Ballions MA  19 BIRTHPLACE OF MOTHER (State or country) Ballions MA  10 BIRTHPLAC	(Signed) (Signed) (Buration) (Buration) (Signed)
14 THE ABOVE IS THE BEST OF MY KNOWLEDGE  (Informant)  (Address)	Where was disease contracted, if not at place of death?  Former or usual residence. The Secret Structure of Burial or Removal Pate of Burial or Removal Pate of Burial or Subject of Survival or Survi

[Approved by U. S. Census and American Public Health Association.]

material worked on may form part of the second who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. fleation, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. Grocery; (a) Foreman, (b) Automobile factory. (a) Spinner, (b) Cotton mill; (a) Salesman, it should be used only when needed. As examples: additional line is provided for the latter statement. the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age ness of various pursuits can be known. The question For many occupations a single word or term on the tion is very important, so that the relative healthful Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman, If the occupation has For persons (6)

Statement of cause of death—Name, first, the disease causing disease of death—Name, first, the disease causing disease in the same accepted term for the same disease. Examples: Ccrebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); \*Typhoid fever (never report "Typhoid disease."); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcin-

cause of death approved by Committee on Nomencla "Contributory." such, if impossible to determine definitely. which surgical operation was undertaken. For viomia," "PUEEPERAL peritonitis," etc. childbirth or miscarriage. as "Purperal scottichaccause. Always qualify all diseases resulting from etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock." 'Traemla," "Weakness," ture of the American Medical Association.) sepsis, tctanus) by earbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Polsoned Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS State MEANS OF INJUSY and qualify as -Hart failure," "Haemorrhage," "Inanition," "Maras-"Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asample: Measles (disease causing death), 29 de.: affection need not be stated unless important. nant neoplasms); Measles; Whooping cough; Chronic er" is less definite; avoid use of "Tumor" for malig oma. Sarcoma. etc., of .. injury, as fracture of skull, and consequences (e. g., Bronchopncumonia (secondary), 10 ds. Never report valvular heart disease; Chronic interstitial nephritis The contributory (secondary or intercurrent "Senile," etc.), (Recommendations on statement of may be stated under the head "Dropsy," "Exhaustion," (name origin; "Can-State cause for Examples:



N. B.—Every item of information should be carefully supplied. ACE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD BINDING FOR RESERVED MARGIN V. S. No. 1.

PLACE OF DEATH 9725	STATE OF MARYLAND
County Trederick 184	CERTIFICATE OF DEATH
	Registration Dist. No.
Village or City (No,	St.; Ward)  [If death occurred in a hospital or Institution, give its NAME instead of street and number.]
FULL NAME Jerome	V Erall augh
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE SINGLE, MARRIED, WIDOWED, WIDOWED, (Write the word)	16 DATE OF DEATH  (Month)  (Day  (Year)  17  1 HEREBY CERTIFY, That I attended deceased from
6 DATE OF BIRTH	
May 24, 1913	that I last saw h
7 AGE (Month) (Day (Year)	
1 day,hrs.	and that death occurred on the date stated above, at
yrsds.   ORmin. ?	The CAUSE OF DEATH* was as follows:
(a) Trade, profession, or particular kind of work	- Lukuown
(b) General nature of industry, business, or establishment in	Mu khysician (Duration) yrs. mos. ds.
which employed (or employer)	mosas.
9 BIRTHPLACE (State or country)	Secondary  A.(Ouration) yrs mos ds
10 NAME OF JON, Werdebaugh	(Signed) De Slevy LR, MA
11 BIRTHPLACE OF FATHER (State of country)	Seft 9 , 1913 (Address) Salallasutle M4
11 BIRTHPLACE OF FATHER (State of country)  12 MAIDEN NAME OF MOTHER  14 MOTHER	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL.
- Wyg	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS,
13 BIRTHPLACE OF MOTHER (State or country)	At place in the of death yrs mos ds. State yrs mos ds
14 THE ABOVE IS THUE TO THE BEST OF MY THOWLEDGE	Where was disease contracted, Il not at place of death?
(Informant) Sung & Miller	Former or usual residence.
(Address) Lauts Md	19 PUACE OF SURIAL OR SEMOVAL DATE OF BURIAL
Filed 2 6 191 3 C. M. Stern	20 UNDERTAKER ADDAKSS
REGISTRAR	M. V. Creager / Whiermonk
If more blanks are needed, address State Regis	trar, 6 E. Franklin St., Balto, Requesting V. S. No. 1.
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[Approved by U. S. Census and American Public Health Association.]

material worked on may form part of the second duties of the household only (not paid Housekeepers "Manager," "Dealer," etc., without more precise specistatement. Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age tion is very important, so that the relative healthful-Scrvant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations Housewife, Housework, or At Home, and children, not who receive a dcfinite salary), may be entered as mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal (a) Spinner, (b) Cotton mill; (a) Salesman, ness of various pursuits can be known. The question who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.) For persons CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE gainfully employed, as At school or At home. Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," As examples: "Foreman,"

lesis of lungs, meninges, peritonaeum, etc., pneumonia"); Lobar pneumonia; Bronchopneumonia brospinal term for the same disease. Examples: Cerebrospinal time and causation), using always the same accepted CAUSING DEATH (the primary affection with respect to ("Pneumonla." "Croup";) fever (the only definite synonym is "Epidemic cere-Statement of cause of death-Name, first, the DISEASE meningitis"); Diphtheria (avoid use of Typhoid fever (never report "Typhoid unqualified, is indefinite): Tubercu-

> mia," "PUERPERAL peritonitis," etc. childbirth or miscarriage as "Puerperal septichaecause. Always qualify all diseases resulting from etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," thenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, aant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of..... (name origin; "Cansuch, if impossible to determine definitely. Examples: "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Couvulsions," "Debility" ("Con-Bronchopneumonia (secondary), 10 ds. cause of death approved by Committee on Nomencla-"Contributory." sepsis, tetanus) injury, as fracture of skull, and consequences (e. g., dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJUBY and qualify as which surgical operation was undertaken. For vioture of the American Medical Association.) by carbolic acid-probably suicide. The nature of the The contributory (secondary or intercurrent) Measles (disease causing death), 29 ds.; "Senile," etc.), "Dropsy," "Exhaustion," may be stated under the head of (Recommendations on statement of State cause for Never report

the certificate is permanently filed. tions answered in detail, it will prevent further correspond-If this certificate is looked over thoroughly and all ques-All the data is essential and must be obtained before

1913

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD BINDING MARGIN RESERVED FOR

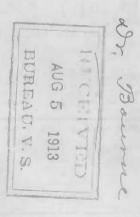
PLACE OF DEATH 9726 County Frederick	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No
	W. AlloSauss.   Ward)  Williams.   Ward)  Williams.   Ward)  [If death occurred in a hospital or institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Sex 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED. DR DIVORCED (Write the word)	16 DATE OF DEATH  (Month) (Day (Year)
6 DATE OF BIRTH	17 I HEREBY CERTIFY, That I attended deceased from
May 4, 1860 (Month) (Day (Year)	that I last saw her alive on July 7 195
7 AGE If LESS than	and that death occurred on the date stated above, at 4-690 m.
SB yrs & mos	The CAUSE OF DEATH* was as follows:
8 OCCUPATION (a) Trade, profession, or particular kind of work. (b) General nature of Industry,	Anginia Pestori
business, or establishment in which employed (or employer)	(Durafion) 4 of yrs
9 BIRTHPLACE (State or country) Mangland	Contributory
10 NAME OF HOLLING On Williams	(Signed) Le Gouration yrs mos. ds.
11 BIRTHPLACE OF FATHER	7-12-,191.3 (Address) Inderess
11 BIRTHPLACE OF FATHER (State or country)  12 Main NAME OF MOTHER	*State the DISEASE CAUSING DEATH, or, In deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL.
a of Mother Aree Johnson	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS TRANSPERS
13 BIRTHPLACE OF MOTHER (State or country) Mayeland	OR RECENT RESIDENTS)  Af place In the of death yrs mos ds. State yrs mos ds
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (INTOTRACE) Mers Lollin Welleans	Where was disease contracted, If not at place of death? Former or
(Address) W. All Saints St.	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
16 A A A A A A A A A A A A A A A A A A A	Greenmount ben July 14,1913
Filed 12 , 1913 Dr. dra M. W. Caroli	20 UNDERTAKER ADDRESS
If more blanks are needed, address State firsts	rar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

statement. minc, etc. "Manager," "Dealer," etc., without more precise specithe nature of the business or industry, and therefore an cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, ness of various pursuits can be known. The question CAUSING DEATH, state occupation at beginning of ill-Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers fication as Day laborer, Farm laborer, Laborer-Coal material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. As examples: additional line is provided for the latter statement; essary to know (a) the kind of work and also (b) Civil engineer, Stationary freman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. who have no occupation whatever, been changed or given up on account of the disease (a) Spinner, Statement of occupation-Precise statement of occupais very important, so that the relative healthfulthus: If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," Farmer (retired 6 yrs.) For persons (b) Cotton mill; (a) Salesman, write None. "Foreman," (0)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculsis of lungs, meninges, peritonaeum, etc., Carcin-

valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic oma, Sarcoma, etc., of...... (name origin; "Can-"Contributory." such, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as mia," "Puerperal peritonitis," etc. State childbirth or miscarriage as "Puerperal septiehaeetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronehopneumonia (secondary), 10 ds. Never report affection need not be stated unless important. ture of the American Medical Association.) cause of death approved by Committee on Nomenclainjury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the Accidental drowning; Struck by railway train-acciwhich surgical operation was undertaken. For vio-"Collapse," "Coma," "Convulsions," "Debility" ("Condent; Revolver wound of head-homicide; Poisoned is less definite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) tetanus) may be stated under the head of ibutory." (Recommendations on statement of Always qualify all diseases resulting from Measles "Senile," etc.), "Dropsy," (disease causing death), 29 ds.; "Exhaustion," cause for



# MARGIN RESERVED FOR BINDING

PHYSICIANS should of OCCUPATION RECORD PERMANENT classi supplied. Ö ō ms, ba plain Instructions ATH of DE item OF mportant. Every II 4 ż

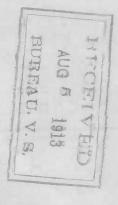
STATE OF MARYLAND 1 PLACE OF DEATH CERTIFICATE OF DEATH Registration Dist. No. Ilf death occurred in St.:....Ward) a hospital or institution, give its NAME instead of street and number.] MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 18 DATE OF DEATH 5-SINGLE. 3 SEX 4 COLOR OR RACE MARRIED. WIDOWED. (Month) ORDIVORGED (Write the word) I HEREBY CERTIFY, That I attended deceased from 17 B DATE OF BIRTH (Day) (Year) (Month) TAGE If LESS than and that death occurred on the date stated above, at ... 1 day ..... hrs. The CAUSE OF DEATH\* was as follows: 3ds. OR ..... min. ? BOCCUPATION (a) Trade, profession, or particular kind of work (b) General nature of industry, business, or establishment in which employed (or employer) 9 BIRTHPLACE (State or country) (Secondary) 10 NAME OF FATHER (Signed) S ... 191-3. (Address) 11 BIRTHPLACE L OF FATHER (State or country) \*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT Ш CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDEN-04 12 MAIDEN NAME TAL, SUICIDAL, OF HOMICIDAL, OF MOTHER 4 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS. OR RECENT RESIDENTS) 13 BIRTHPLACE At place in the OF MOTHER (State or country of death ...... yrs. ..... mos. ..... ds. State ..... yrs. \_... mos. Where was disease contracted. KNOWLEDGE If not at place of death? Former or usual residence. 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL 15 .. 191 20 UNDERTAKER ADDRESS If more blanks are needed, address State Regis trat, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

it should be used only when needed. As examples:
(a) Spinner, (b) Cotton mill; (a) Salesman, (b)
Grocery; (a) Foreman, (b) Automobile factory. The cated thus: Farmer (retired 6 yrs.). CAUSING DEATH, state occupation at beginning of illshould be taken to report specifically the occupations gainfully employed, as At school or At home. Care duties of the household only (not paid Housekcepers mine, etc. fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise speciadditional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, who have no occupation whatever, write None. been changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as statement. material worked on may form part of the second For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," For persons "Foreman,"

Statement of cause of death—Name, first, the disease causing death—the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lodar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tubercutosis of lungs, meninges, peritonaeum, etc.. Carcin

childbirth or miscarriage. as "Purperal septichae-"Hart fallure," "Haemorrhage," "Inanition," "Maras-inus," "Old Age," "Shock," "Traemia," "Weakness," "Contributory." ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably mia," "PUEEPERAL peritonitis," etc. State cause for genital," "Senile." etc.), "Dropsy," "Exhaustion," thenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asaffection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronic ture of the American Medical Association.) cause of death approved by Committee on Nomenclasepsis, tetanus) injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Potsoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. LENT DEATHS state MEANS OF INJUBY and qualify as which surgical operation was undertaken. For vioetc., when a definite disease can be ascertained as the "Collapse." "Coma," "Convulsions," "Debility" ("Con-Bronchopncumonia (secondary), 10 ds. ample: Measles (disease causing er" is less definite; avoid use of "Tumor" for malig oma. Sarcoma. etc., of .... The contributory Always qualify all diseases resulting from may be stated under the head of (Recommendations on statement of (secondary or intercurrent) (name origin; "Can death), 29 ds.: Never report Examples:



PLACE OF DEATH 9728	STATE OF MARYLAND
County Hedl	CERTIFICATE OF DEATH
11/10/1	Registered No. 13
Village or City // OVAVILL (No.	St; Ward) [It death occurred to a hospital or Institution, give its NAME lostead
* PULL NAME Baby Wilson	of street and nomber.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL GERTIFICATE OF DEATH
SEX 4 COLOR OR RACE 6 SINGLE, MARRIED, WIDOWED, ORDIVORCED (Write the word)	(Month) (Day) (Year)  17   HEREBY CERTIFY, That I strended deceased from
6 DATE OF BIRTH	191, to 1913,
(Month) (Day) (Year)	that I last saw harmalive on 2 day 2 - ,1912
7 AGE It LESS than	and that double out the date of the date o
yrs. 3 mos. ds. OR. min.?	The CAUSE OF DEATH* was as follows:
OCCUPATION (a) Trade, profession, or particular kind et work	The could has diges nor absent
(b) General nature of lodustry, business, or establishment in which employed (or employer)	uls ford (Ouration) yrs mes ds.
State or country)	Contributory (Secondary)  (Deration) yrs mos ts.
10 NAME OF STATHER STEER MISSON	(Signed) , M. D.
11 BIRTHPLACE OF FATHER (State or country)  12 MAIDEN NAME OF MOTHER  Clevia Zohn	*State the DISEASE CAUSING DEATH, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.
of Mother Clevia John	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)
13 BIRTHPLACE OF MOTHER (State or country)	At place of death yrs mos ds. State yrs, mos ds.
(Informant)	If not at place of death?  Former or  usual residence.
(Address)	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL 7-21 1813
Filed ,191.3 We H Was REGISTRAR	20 UNDERTAKER ADDRESS Med  Coll & Social Coll Met Coine
	rar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.
	· · · · · · · · · · · · · · · · · · ·

[Approved by U. S. Census and American Public Health Association.]

Gyocery; (a) Foreman, (b) Automobile factory. The material worked on may form part of the second (a) Spinner, (b) Cotton mill; (a) Salesman, (b) it should be used only when needed. As examples who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers fication as Day laborer, Farm laborer, Laborer-Coal mine, etc. Women at home, who are engaged in the "Manager," "Dealer," etc., without more precise specistatement. Never return "Laborer," "Foreman," the nature of the business or industry, and therefore an cases, especially in industrial employments, it is necness of various pursuits can be known. The question Housewife, Housework, or At Home, and children, not additional line is provided for the latter statement; essary to know (a) the kind of work and also (b) Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-For persons

Statement of cause of death—Name, first, the disease causing death—Is affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcin-

such, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. mia," "PUERPERAL peritonitis," childbirth or miscarriage, as "Puerreral scottchaecause. Always qualify all diseases resulting from etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," genital," "Senfle," etc.), "Dropsy," "Exhaustion," ture of the American Medicai Association.) cause of death approved by Committee on Nomencia-"Contributory." scpsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e-g., by carbolic acid-probably suicide. The nature of the dent; Accidental drowning; Struck by railway train-acci-"Heart failure," "Haemorrhage," "Inanition," "Maras-"Coliapse." "Coma," "Convuisions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report ample: Measles (disease causing death), 29 ds.; affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis. nant neoplasms); Measles; Whooping cough; Chronio cer" is less definite; avoid use of "Tumor" for mailgoma. Sarcoma. etc., of ... The contributory (secondary or intercurrent) Revolver wound of head-homicide; Poisoned (Recommendations on statement of etc. State cause for (name origin; "Can-Examples:

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

AUG 4 1913
BUREAU, V.S.

WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD BINDING FOR MARGIN RESERVED

County Judinek	Registration Dist. No.
Village or City New Market (No,  2 FULL NAME Saac N. Wood	St.; Ward) [It death a hospital of give its NA of street and
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
male white (Write the word)	16 DATE OF DEATH  (Month)  (Day)  17  I HEREBY CERTIFY, That I attended decei
6 DATE OF BIRTH  (Month) (Day) (Year)	that I last saw h in alive on July 21 31
7 AGE 11 LESS than 1 day,hrs. ORmin.?	and that death occurred on the date stated above, at
(a) Trade, protession, or particular kind of work  (b) General nature of industry.	Paralytic Dementing
business, or establishment in which employed (or employer)  BIRTHPLACE (State or country)  Manyland	Contributory Memia (Secondary)
10 NAME OF Gruber Wood	(Signed) (Duration) yrs mos.
11 BIRTHPLACE (State or country) Manyland Amith  12 Maiden NAME OF MOTHER	*State the DISEASE CAUSING DEATH, or, in deaths from N CAUSES, state (1) MEANS OF INJURY; and (2) whether A TAL, SUICIDAL, OF HOMICIDAL.
of MOTHER Sophia Amith  13 BIRTHPLACE OF MOTHER (State or country)  Manyland	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TR OR RECENT RESIDENTS)  At place In the  of death yrs, mos ds. State yrs, mos.
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant)	Where was disease contracted, If not at place of death?  Former or usual residence.
(Address).  15 Filed 3 3 4 1913 Les It Taylor REGISTRAR	19 PLACE OF BURIAL OR REMOVAL DATE OF BUR  KELV MONTHLE CEMENTS AND A 2  20 UNDERTAKER  ADDRESS

STATE OF MARYLAND

9729

1 PLACE OF DEATH

[Approved by U. S. Census and American Public Health
Association.]

cated thus: Farmer (retired 6 yrs.). For persons CAUSING DEATH, state occupation at beginning of illof persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care duties of the household only (not paid Housekeepers fication, as Day laborer, Farm laborer, Laborer "Manager," "Dealer," etc., without more precise specistatement. Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative lealthfulwho have no occupation whatever, write None. been changed or given up on account of the DISEASE Scrvant, Cook, Housemaid, etc. If the occupation has Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as minc, etc. material worked on may form part of the second (a) Spinner, (b) Cotton mill; (a) Salesman, Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indl-Women at home, who are engaged in the Never return "Laborer," "Foreman," As examples: (4)

Statement of cause of death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemic cercbrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberoutosis of lungs, meninges, peritonaeum, etc.. Carcin-

ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably wblch surgical operation was undertaken. mia," "PUERPERAL peritonitis," etc. State cause for childbirth or miscarriage, as "Puerperal septicharcause. Always qualify all diseases resulting from etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemla," "Weakness," genital," "Senile," etc.), "Dropsy," "Exhaustion," thenia," "Anaemia" (merely symptomatic), "Atrophy," affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronic ture of the American Medical Association.) cause of death approved by Committee on Nomencla. sepsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. LENT DEATHS State MEANS OF INJUST and qualify as "Heart failure," "Haemorrhage," "Inanition," "Maras "Collapse." "Coma," "Convulsions," "Debility" ("Conmere symptoms or terminal conditions, such as "As Bronchopneumonia (secondary), 10 ds. ample: Mcasles (disease causing death), 29 ds. ter" is less definite; avoid use of "Tumor" for mail oma. Surcoma. etc., of . "Contributory." The contributory (secondary or intercurrent (Recommendations on statement of (name origin; "Can Never report Examples:

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

BUREAU. V.S.

MARGIN RESERVED FOR BINDING

V. S. No. 1.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. RECORD A PERMANENT WRITE PLAINLY, WITH UNFADING INK-THIS IS N. B.—Every Item of Information should be CAUSE OF DEATH in plain terms, so

	PLACE OF DEATH Sunty Frederich 9730  Williage or City New Pearl (No. 1)	STATE OF MA CERTIFICATE ( Register	OF DEATH red No. 38
	FULL NAME 5 tunk & With	CAN	100000
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE O	F DEATH
3 SE	Male 4 GOLOR OR RACE SINGLE, MARRIED, WIDOWED, ORDIVORCE (Write the word)	(Month)  17 I HEREBY CERTIFY, That	(Day), (Year)
6 D	ATE OF BIRTH Unable to get,	, 191, to	
7	(Month) (Pay) (Year)	that I last saw h allve on	, 191
7 AC	30 yrsmosds.   ORmin. ?	The CAUSE OF DEATH* was as follows:	above, at
(a) par (b) busi	Trade, profession, or ficular kind of work	Self swith Short (Duration)	yrs. mos. ds.
9 BI	RTHPLACE (atte or country) Frederich Country	Contributory(Secondary)	yrs mos ds
S	10 NAME OF FATHER Wine Allegar	(Signed) (31 ) Horse July 19, 1913 (Address) Free	erick, Ind
ARENT	(State or country)  12 MAIDEN NAME	*State the DISEASE CAUSING DEATH, or, CAUSES, state (1) MEANS OF INJURY; an TAL, SUICIDAL, Or HOMICIDAL.	In deaths from VIOLENT d (2) whether ACCIDEN-
PA	13 BIRTHPLACE OF MOTHER (State or country)  Frederick Country		. INSTITUTIONS, TRANSIENTS
	(Informant) Sugare Mught	Where was disease contracted, if not at place of death?  Former or usual residence	
15	(Address) Searl My	19 PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL July 1913
FII	1913 List Jay Con REGISTRAR	20 UNDERTAKER arter	ADDRESS Frederick

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health
Association.]

statement. "Manager," "Dealer," etc., without more precise speciof persons engaged in domestic service for wages, as should be taken to report specifically the occupations duties of the household only (not paid Housekeepers material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. cases, especially in industrial employments, it is necapplies to each and every person, irrespective of age. ness of various pursuits can be known. The question cated thus: Farmer (retired 6 yrs.). CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISTAGE Servant, Cook, Housemaid, etc. If the occupation has gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. fication, as Day laborer, Farm laborer, Laboreradditional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) Civil engineer, Stationary Areman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, tion is very important, so that the relative healthfulwho have no occupation whatever, write None. (a) Spinner, (b) Cotton mill; (a) Salesman, For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," As examples: For persons "Foreman," -Coal (6)

Statement of cause of death—Name, first, the DINXABW CAUBING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid neumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosts of lungs, meninges, peritonaeum, etc.. Carcin-

which surgical operation was undertaken. For vicchildbirth or miscarriage, as "Puerperal septichuecause. Always qualify all diseases resulting from etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemla," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marascause of death approved by Committee on Nomencla-"Contributory." injury, as fracture of skuli, and consequences (e. g., dent; Revolver wound of head-homicide; Potsoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF MS probably LENT DEATHS STATE MEANS OF INJUNY and qualify an mia," "PUERPEBAL peritonitis," etc. genital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asample: Measles (disease causing affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronic oma. Sarcoma. etc., of . ture of the American Medical Association.) by carbolic acid-probably suicide. The nature of the Bronchopneumonia (secondary), 10 ds. is less definite; avoid use of "Tumor" for mailg-The contributory. (secondary or intercurrent) tetanus) may be stated under the head of (Recommendations on statement of (name origin; "Candeath), 29 State cause for Never report



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2	F	o	
WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT REC	Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYS	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of C	
PERM	stated E	. Exact	
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	Every	CAUSE	importi

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SICIANS should state

ORD

1 PLACE OF DEATH County Frederick Village or City StateSanatorium (No. ....St.;.....Ward) FULL NAME Joseph C. Wunder PERSONAL AND STATISTICAL PARTICULARS 5 SINGLE, 3 SEX 4 COLOR OR RACE MARRIEO. WIDOWEO, Married ORDIVORCE Warried (Write the word) White Male 6 DATE OF BIRTH 14th Oct. (Day) (Year (Month) 7 AGE If LESS th 1 day ...... h 48 yrs. 9 mos. 6 BOCCUPATION (a) Trade, profession, or Physician. parficular kind of work ... (b) General nature of Industry, business, or establishment in which employed (or employer) ..... See Instructions on back of certificate. 9 BIRTHPLACE (State or country) Maryland 10 NAME OF FATHER George Wunder ARENTS 11 BIRTHPLACE OFFATHER (State or country) Germany 12 MAIDEN NAME OF MOTHER Mary Grandlmyer 13 BIRTHPLACE OF MOTHER (State or country) Switzerland 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE Dr. J.C. Wunder

REGISTRAR

If more blanks are needed, address State Regis trar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

(Address) 1800 W. Baltimore St.

Baltimore. Md.

#### STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.

If death occurred in a hospifal or institution. give ifs NAME instead of street and number.]

MEDICAL	CERTIFIC	ATE O	DEATH	
16 DATE OF DEATH		(onth)	20th.	., 1913 . (Year)
17 I HEREBY	CERTIFY	, That I	attended de	ceased from
Dec. 5th.	912, to	Jul:	y 20th	1913.
hat I last saw h.im al	ive on	Jul	y 20th	1913.
and that death occurred	on the date	stated	above, at	m
The CAUSE OF DEATH *	was as fo	llows:		
Pulmona	ry Tul	erci	losis.	
Tubercu	olous	Ent	eritis	**
	•••••		**********************	*****************
***************************************	(Dura	tion)1	(.gv).C	.mos ds
Contributory (Secondary)		1.1	·	
(NOCOMULLY)	(Dura	rien	Vro	maa da
/8:amad			11/1	.mosds
(Signed)	#	ypu	North Contract of the Contract	, М. О
July 1913.				
*State the DISEASE C. CAUSES, state (1) MEAT TAL, SUICIDAL, OF HOME	AUSING DEA NS OF INJU CIDAL.	TH, or,	In deaths from (2) whether	M VIOLENT
18 LENGTH OF RESIDEN OR RECENT RESIDENTS)	CE (FOR HO	BPITALS.	INSTITUTIONS	, TRANSIENTS
At place		In the .	PITECT	ne •
of death * yrs. 7 mos.	ds.	State	yrs,	mos ds
Where was disease contracted, If not at place of death?	Probal	ly.	at home	2
Former or usual residence 1800 W				
19 PLACE OF BURIAL O	R RESTONA	ШОТ	e port toy	DIIDIAI
Baltimore C	100			1913
20 UNDERTAKER			ADDRESS	, 1819.
M.L. Craeger		WE		nont.Md
70-1				

[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.). For persons CAUSING DEATH, state occupation at beginning of ill-Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care duties of the household only (not paid Housekeepers mine, etc. fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or indust, I; and therefore an cases, especially in industrial employments, it is necwho have no occupation whatever, write None. been changed or given up on account of the DISEASE Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as (a) Spinner, essary to know Civil engineer, Stationary Arcman, etc. But in many Physician, Compositor, Architect, Locomotive engineer first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age ness of various pursuits can be known. The question For many occupations a single word or term on the tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman," (b) Cotton mill; (a) Salcsman, (a) the kind of work and also (b) (6)

Statement of cause of death—Name, first, the disease causing death—In any affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Ccrebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Dneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tubercutoris of lungs, meninges, peritonaeum, etc.. Carcin-

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If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

RECEIVED
AUG 2 1913
BUREAU, V. S.

N. B.—Every item of information should be carefully supplied. AGE ahould be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD MARGIN RESERVED FOR BINDING V. S. No. 1.

PLACE OF DEATH  County Frederick  Village or City Paceham (No	STATE OF MARYLAND CERTIFICATE OF DEATH Registered No.  [If death occurred in a hospital or institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS  3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED,	MEDICAL CERTIFICATE OF DEATH
Mode Whole word with the word of the word	(Month) (Day) (Year)  17 I HEREBY CERTIFY, That I attended deceased from  26, 1915, to 26, 1913, that I last saw him alive on 1918.
PAGE    If LESS than   1 day,hrs.   ORmin. ?	and that death occurred on the date stated above, at
(a) Trade, profession, or particular kind of work.  (b) General nature of industry, business, or establishment in which employed (or employer)  BIRTHPLACE (State or country)	(Burgintal Chiffic These.  (Buration) yrs. mos./ ds.  Contributory (Secondary)
10 NAME OF FATHER  11 BIRTHPLACE OF FATHER  (State or country)  12 MAIDEN NAME  12 MAIDEN NAME	(Signed)
OF MOTHER  13 BIRTHPLACE OF MOTHER (State or country)  14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant)	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At piace In the of death yrs, mos, ds. State yrs, mos, ds. Where was disease contracted, If not at piace of death? Former or usual residence.
Filed Mustal 1913 Canna M. Registran  If more blanks are needed, address State Registra	19 PLACE OF BURIAL OR REMOVAL  19 PLACE OF BURIAL OR REMOVAL  20 UNDERTAKER  20 UNDERTAKER  ADDRESS  THE OF BURIAL  THE OF BURIAL  ADDRESS  THE OF BURIAL  THE OF BURIAL  ADDRESS  THE OF BURIAL  T

[Approved by U. S. Census and American Public Health Association.]

material worked on may form part of the second "Manager," "Dealer," etc., without more precise speci-Grocery; (a) Foreman, (b) Automobile factory. The fication, as Day laborer, Farm laborer, Laborer-Coal additional line is provided for the latter statement; the nature of the business or industry, and therefore an cated thus: Farmer (retired 6 yrs.). For persons Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekcepers mine, etc. (a) Spinner, it should be used only when needed. As examples: cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfulwho have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE essary to know (a) the kind of work and also (b) Physician, Compositor, Architect, Locomotive engineer, For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never (b) Cotton mill; (a) Salesman, return "Laborer," "Foreman," (4)

Statement of cause of death—Name, first, the disease causing death—Index affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemic cere-trospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid dneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tubercutosis of lungs, meninges, peritonaeum, etc... Carcin-

childbirth or miscarriage, as "Puesperal septichaesepsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJUST and qualify as which surgical operation was undertaken. mia," "Puerperal peritonitis," etc. State cause for etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Maras genital," "Senile," etc.), "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asample: Measles (disease causing death), 29 ds.; affection need not be stated unless important. valvular heart discase; Chronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronio cer" is less definite; avoid use of "Tumor" for mailsoma. Sarcoma. etc., of ... ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." dent; Revolver wound of head-homicide; Polsoned Bronchopneumonia (secondary), 10 ds. The contributory (secondary or intercurrent) Aiways qualify all diseases resulting from (Recommendations on statement of "Dropsy," "Exhaustion," (name origin; "Can-Never report Examples:



County Guldwick	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No.
Village or City Halburneille	St.; Ward)  [If death occurred in a hospital or institution, give its NAME lostead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, Married WIDOWED, ORDIVORCED (Write the word)	16 DATE OF DEATH  (Month)  (Day)  (Year)
6 DATE OF BIRTH	17 I HEREBY CERTIFY, That I attended deceased from
(Month) (Day) (Year)  AGE If LESS than	that I last saw h allve on
3 8 yrs. 2 mos. /3 ds. OR min.?	and that death occurred on the date atated above, at // SUP m, The CAUSE OF DEATH* was as follows:
OCCUPATION (a) Frade, profession, or particular kind of work. (b) General nature of industry, business, or establishment in which employed (or employer)	Contributory Contributory
9 BIRTHPLACE (State or country) Lout Thrun  10 NAME OF FATHER Lout Thrun  11 BIRTHPLACE OF FATHER (State or country) Llout Thrun	(Secondary)  (Duration)  yrs. mos. ds.  (Signed)  , M. D.  Address)  Address  Addres
12 MAIDEN NAME OF MOTHER  13 BIRTHPLACE OF MOTHER (State or country)  12 MAIDEN NAME OF MOTHER (State or country)	CAUSES, state (1) MEANS OF INJUEY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL.  18 LENGTH OF RESIDENCE (FOR HOAPITALA. INSTITUTIONS, TRANSIENTA, OR RECENT RESIDENTS)  At place In the of death yrs mos ds.
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, If not at place of death?  Fermer or usual residence.
Filed 2 3 191.3 REGISTRAR  If more blanks are needed, address State Registrs	19 PLACE OF BURIAL OR REMOVAL  Mt Dock Handstern Less 3, 1912.  20 UNDERTAKER ADDRESS TO Staffe reville or, 6 E. Franklin St., Balto, Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

eated thus: Farmer (retired 6 yrs.). For persons CAUSING DEATH, state occupation at beginning of illof persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. duties of the household only (not paid Housekeepers fication, as Day laborer, Farm laborer, Laborer-"Manager," "Dealer," etc., without more precise specimaterial worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. additional line is provided for the latter statement; essary to know (a) the kind of work and also (b) Civil engineer, Stationary freman, etc. But in many applies to each and every person, irrespective of age tion is very important, so that the relative healthfulbeen changed or given up on account of the DISEASE Scrvant, Cook, Housemaid, etc. If the occupation has Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. statement. it should be used only when needed. the nature of the business or industry, and therefore an cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the ness of various pursuits can be known. The question who have no occupation whatever, write None. (a) Spinner, (b) Cotton mill; (a) Salesman, Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman," As examples: (4)

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